author was fortunate enough to displace it by external manipulations on the neck of the patient, so that it was passed into the stomach. *Michael.*

Weile (Breslau).—*Foreign Body in the Œsophagus.* "Therap. Monats.," 1892, No. 12.

TWO pieces of money were swallowed by a boy eight years old; one of them passed without difficulty into the stomach, the other became fixed in the œsophagus. The author tried to extract it, but, as this was impossible, he pushed it down into the œsophagus. The next day both pieces were voided *per vias naturales.* *Michael.*

Eve, Frederic (London).—*Œsophagotomy.* "Brit. Med. Journ.," Oct. 22, 1892.

IN a case of cicatricial stricture of the œsophagus in a girl aged seventeen, who swallowed some nitric acid twenty months before. At intervals bougies were used. When on one occasion a Symonds tube was being abstracted the thread came away, leaving the tube in the stricture. The incision was made low down, but even then the œsophagus had to be drawn up before the tube could be reached, which action also rendered it possible to incise the stricture in the œsophagus (with scissors). The gullet wound was closed with sutures. Two years after, the girl was examined and her œsophagus found capable of passing a No. 18 bougie. The slight tendency of the œsophagus to recontraction was pointed out, as well as its extensive mobility in its long axis. This is the only case in which a stricture of the œsophagus had been divided and thereby cured.

Wm. Robertson.

NOSE AND NASO-PHARYNX.

Bergh, R. M. (Norway).—*Three Cases of Monolateral Parotitis after Influenza.* "Norsk Magazin for Laegevidenskaben," 1892, No. 19.

IN all three patients (two men and a woman) the left parotid became swollen, with signs of an acute inflammation, which necessitated an incision in one case, only very little pus, however, appearing.

Holger Mygind.

Lane, Arbuthnot (London). — *Alveolar Abscess — Pyæmia — Excision of Thrombosed Veins—Death.* "Lancet," Nov. 5, 1892.

RECURRING rigors and jaundice followed the opening and scraping of an alveolar abscess. The external jugular and tributaries were dissected out, tied, and excised. The *post-mortem* examination showed that all the septically thrombosed portions had been removed, but abscesses had previously formed in the lungs and liver. Mr. Lane places this operation on a par with that of ligature of the jugular in otitic pyæmia.

Dundas Grant.

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Hajek (Wien).—*Laryngo-Rhinological Communications* (*Continuation*). *On Empyema of the Accessory Cavities.* "Internat. Klin. Rundschau," Nos. 44, 45, 47, and 51.

In all cases of inflammation of the accessory cavities the secretion of the nose is increased. The examination by introduction of the probe into the antrum of Highmore is of great advantage, but the probe cannot be introduced into every cavity, as some authors say. It is not correct, either, as some other authors say, that the probe can only be introduced in rare cases. By irrigation through the natural opening alone the empyema cannot be cured, but it may be sufficient for diagnosis. Trans-illumination is not of great value. The alveolus often has an inclination to close, or the canulas introduced fall out; the author has therefore invented a new instrument for trephining and a canula which cannot fall out. He relates some cases of empyema of the sphenoid sinus treated by irrigation of the cavity and scraping. In some cases empyemata of both cavities are combined. *Michael.*

Cholewa (Berlin).—*Introduction of a Probe into the Frontal Sinus.* "Monats. für Ohrenheilk.," 1892, Nos. 8 and 9.

Polemical article concerning some anatomical points in the papers of Katzenstein, Zuckerkandl, and Hausberg. *Michael.*

Rankin, D. N.—*Diseases of the Frontal Sinus.* "New York Med. Journ.," Nov. 19, 1892.

In the infant at birth there is no trace of the frontal sinuses. They begin to make their appearance between the second and third years, when they are merely enlarged cells in the diploe. They are not fully developed until puberty. The left sinus is usually the larger of the two, and the sinuses are as a rule larger in males. Their development is due to a receding of the inner from the outer table of the skull. The absence of bumps, therefore, even in middle age, does not necessarily indicate the absence of the sinuses. Their lining membrane is continuous with the pituitary mucous membrane, but differs from it in being denser in structure, paler in colour, smoother and more highly polished. The most important affections of the sinuses are inflammations simple and specific, foreign bodies, polypi, concretions, exostoses, hydatids, and malignant tumours. *W. Milligan.*

Winckler (Bremen).—*Empyema Sinus Frontalis.* "Münchener Med. Woch.," 1892, Nos. 47 and 48.

The author describes the symptoms of the disease, the difficulties of diagnosis, and its methods—*e.g.*, illumination, rhinoscopy, and examination by the probe. Concerning the introduction of the probe, he has found that it is not so easy as many authors believe, because the entrance to the frontal sinus varies greatly in length and relation to the circumference. Experiments upon cadavers show that it is sometimes nearly impossible to find it. A cure of an empyema of the frontal sinus by irrigation *per vias naturales* is nearly impossible. The author, therefore, recommends the perforation of the anterior wall of the sinus, as described by Schäffer, and he then uses insufflations of iodoform. The inflation of air by the

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method of Politzer he does not apply. Of sixty-two patients treated by Schäffer's method, forty have been cured. *Michael.*

Schwartz (Gleinitz).—*Contribution to the Study of Diseases of the Antrum of Highmore.* "Monats. für Ohrenheilk.," 1892, Nos. 9 and 10.

FIVE cases are minutely reported. The author concludes that the presence of pus is of great interest, but, if it cannot be found, the puncture of the antrum is indicated if the anamnesis and the subjective symptoms lead to the belief that there is empyema of the cavity.
Michael.

Mackenzie, Hunter (Edinburgh).—*A Case of Empyema of the Antrum of Highmore with Ozæna.* "Brit. Med. Journ.," April 9, 1892.

THAT of a woman, aged twenty-three, with discharge of free pus from the right nostril, which also contained crust formation, with usual odour. The antrum of same side was found affected, and opened by an alveolar puncture and drained. This procedure cured the intra-nasal discharge of free pus, while Dr. Mackenzie treated the ozænatous condition by canthos cotton, an institution of his own. The author, in his remarks, refers to the rarity of the above coincidence, and eulogizes the efficacy of the continuous irritation provoked by the cantharides on the ozænatous process. *Wm. Robertson.*

Stephens (Sydney, Iowa). — *Two Typical Cases of Epistaxis treated by the "Umbrella Fashion."* "The Times and Register," Nov. 26, 1892.

THIS "fashion" consists in pushing a piece of rag through the nostril to the pharynx so that it forms a pouch; this is then tightly packed with carbolic wool and the ends of the rag secured; and it is very successful.
B. J. Baron.

Onodi (Pesth).—*A Case of Mixed Nasal Polypus.* "Pesther Med. Presse," 1892, No. 21.

THE author relates (1) a case of mucous polypus, followed by sarcomatous tumours, (2) a case of rhinitis hypertrophica posterior, (3) a case of apsithyria, (4) primary scirrhus of the right tonsil, (5) primary medullary carcinoma of the antrum of Highmore. *Michael.*

Zarniko.—*Histology of Nasal Tumours.* "Virchow's Archiv," Band 128.

DESCRIPTION of a tumour removed through the nose. It was œdematous. In forty-nine cases of benign tumours of the nose the author found bony masses in seven, which were a continuation of the turbinated into the tumour, and which must be regarded as exostoses. *Michael.*

Wygodsinsky (Waldelaburg). — *Sarcomata of the Nasal Cavity.* Inaugural Dissertation, Wurzburg, 1892.

A DESCRIPTION of three cases from B. Baginsky's clinic. *Michael.*

Clarke, J. Jackson (London).—*Epithelioma of the Septum of the Nose, showing the presence of Psorosperms.*

THE appearances are regarded as due to psorospermiæ by the author, who holds that these bodies are the cause of carcinoma. The author's

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remarks are illustrated. The subject of the paper took the form of a discussion in which Messrs. Shattock and Galloway took part. In this connection the recent papers by Drs. Metschnikoff and Coats aid greatly in arriving at a true knowledge of the present state of opinion on the subject of the microbic origin of cancer. The former refers to Cohnheim's theory of tumours as only seemingly applicable in vertebrates and never in lower animal forms (crustacea, etc.), where, although the individual possesses an ecto and entoderm, nothing resembling epithelial tumours has been noticed. In such, tumours are always parasitic in origin, no fragments of embryonic folds are detached and transformed into neoplasms. Metschnikoff therefore asks may not neoplasms, and especially malignant tumours, have also a parasitic origin in man and the higher animals? The absence of contagion does not hold as negativing the possibility, as, *e.g.*, miasmatic diseases, although not contagious, are due to microbic parasitism. Metschnikoff then gives an account of "coccidiosis" in rabbits as introductory to the main question. This is an infectious parasitic disease in the rabbit, not contagious, and therefore accompanied by true tumours, miasmatic in origin, the oval coccidia undergoing some at present little understood transformation outside the body before being capable of inducing the disease in others. The coccidia divides into four cells, and is transformed into four spores acting the part of miasma, provided with a resistant external covering. Each spore encloses two falciform embryos which give the disease to others.

In rabbits the epithelial cells of the intestines and of the biliary ducts become the seat of the spores, where they grow and become oval parasites representing the mature state. Auto-infection (Pfeiffer) is propagated by the round bodies of the young coccidiæ dividing into a large number of segments. Metschnikoff proceeds by noting the miasmatic (endemic) character of cancer, and also the fact (?) of the exaggerated proliferation of the epithelial cells of the affected organ. Citing Soudakewitch, Ruffer, and Walker (the two latter having shown a series from the round bodies up to oval forms in the cancer cell), his remarks are illustrated by diagrams of bodies lodged in cancer cells which often contain more than one parasite. Coccidia in the rabbit does not produce true metastasis, nor do some cancers always where there are but a limited number of stages—an adverse point to the theory. Falciform bodies are said to have been discovered by Soudakewitch in cancer cells. Then coccidiosis of rabbits is non-contagious as cancer in man is non-inoculable, nor is malaria. Returning to Mr. Clarke's remarks on his case of epithelioma of the septum nasi, we find reference made to his finding large cells filled with amœboid psorosperms which were set free by rupture of the mother cell. These then penetrate not only between the epithelial cells, but also into the connective tissue spaces, where they cause irritation. Others penetrate the epithelial cells. At both sites they divide and are propagated, etc. Mr. Shattock, although admitting the histological appearances, required the fulfilment of Koch's postulates—viz., that the microzoon be cultivated outside the body, and from the culture the disease to be produced. He referred to the fact that a true encapsuled form had not been observed in cancer, and that but part of the cycle transpired outside

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the body. In scirrhus of the breast the cell appearances mentioned by Clarke were real.

Mr. Galloway noticed that Mr. Clarke had not described any falciform stages.

In an admirable paper, in which philosophic doubt of the microbic origin of cancer is finely put, he first refers to the general pathology of tumours, more especially to Cohnheim's theory, to solve the problem, which, however, is not applicable to cancer where the normal tissue takes on a peculiar and independent mode of growth—there is a definite tissue growth, not a tissue that arises as the result of mere irritation as in tubercle and syphilis, where the tissue is of a rudimentary kind and mostly of connective tissue structure. In cancer there is a new formation of epithelium and also a formation of connective tissue blood-vessels and lymphatics—in fact a cancerous tissue, grafts from which retain the stamp of the parent on them, crushing aside the elements of the organ in which they become implanted. Then there are the varieties of structure in cancer, differences in growth and in malignancy, all standing in need of explanation from the parasitic point of view. Cancer in its primary seat does not scatter, it extends. Such characters make it difficult to suppose one infective agent for all—at least it must be one of a nature different from any yet known. Dr. Coats now asks if a tissue growth can be produced by a parasitic agency? To this it is replied that it is not communicable or derived from some poison outside the body. The occurrence of coccidia in molluscum is dwelt upon, and the parasite, which belongs to the animal kingdom, is asserted to arise within the epithelial cells. When the author comes to deal with the appearances in cancer cells, which Virchow observed long ago, these are recognized, but as to the proof that they are parasites—this has yet to be produced. Vegetable parasites cannot produce such tissue growth as in cancer, but it is possible that minute animal organisms may. Then the questions come: are we to suppose a separate parasite for each variety of cancer? one parasite for each organ, and one for each period of life?

Wm. Robertson.

Bellows (Boston).—*A Case of Nasal Angioma.* "Journal of Ophthal. and Laryngol.," Oct., 1892.

THE tumour was situated on the septum in a woman aged aged thirty-seven years. Its colour was purple, and it was the size of a chestnut. Bleeding was very easily induced on touching it with a probe. It was removed with Jarvis's écraseur. In three weeks it recurred, and was then painted twice daily with a saturated solution of bichromate of potash, and it gradually disappeared, and no recurrence had taken place five months later. Microscopically it was a cavernous angioma. *B. J. Baron.*

Sota.—*Dermatalgia of Nasal Origin.* "Rev. Mens. de Laryngol.," Oct. 15, 1892; "Med. Bull.," Dec., 1892.

PROF. RAMON DE LA SOTA Y LASTRA reports his own case in the "Revista de Laringologia." During last November he was attacked by a severe coryza of the left nasal fossa. The inflammation soon involved the entire mucous membrane, spread to the lachrymal duct, and excited a

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phlyctenoid erysipelas of the skin of the nose and the eyelids. This condition was accompanied by a very painful supra-orbital neuralgia, and the left side of the head, over an area of six square centimètres (about two and a half square inches), became the seat of a dermatalgia so excruciating that the least touch provoked a cry of pain. The slightest contact of the hair increased the suffering. Beyond this area the skin was free from painful sensibility. This dermatalgia was greatly allayed by the introduction into the nasal fossa of a pledget of cotton moistened with a ten per cent. cocaine solution. When the coryza and erysipelas began to disappear, the fever, general symptoms, and supra-orbital neuralgia also abated, but the pain in the hairy scalp persisted for a considerable time, and only ceased when the Schneiderian membrane returned to a normal state.

The appearance of the dermatalgia consecutive to a coryza, the influence exercised upon the former by the application of cocaine, and its retrocession after the cure of the nasal affection, clearly demonstrate the reflex nature of the affection. There could be no question of the propagation of an inflammation, since a healthy region intervened between the painful area and eyebrow. *R. Norris Wolfenden.*

Gerber (Königsberg).—*Contribution to the Knowledge of Rhinoliths.* "Deutsche Med. Woch.," 1892, No. 52.

THE author removed a rhinolith from a boy seven years old. The stone was extracted under narcosis after having been broken by forceps. The examination showed that the centre consisted of cotton wool. The microscopical examination showed that the stony mass was produced by calcification of micro-organisms. *Michael.*

Zuckerkandl.—*The Conchæ Ethmoidales of Men.* "Anat. Anzeiger," 1892.

EMBRYOLOGICAL researches by the author lead to the result that the ethmoidal bone is formed of three conchæ. *Michael.*

Otto (Dorpat). — *On the Perforating Ulcer of the Cartilaginous Septum.* "Petersburger Med. Woch.," 1892, No. 46.

A REVIEW of the subject. *Michael.*

Ziem (Danzig).—*Tornwaldt's Disease and Palpation of the Naso-Pharynx.* "Therap. Monats.," 1892, No. 12.

POLEMICAL article. *Michael.*

Dabney. — *Myxoma of the Nose and Fibro-Myxoma of the Naso-Pharynx.* "The American Practitioner and News," Oct. 22, 1892.

THE pathology of this condition is treated by the author, who is not a believer in "necrosing ethmoiditis" as a cause of nasal polypi. As regards the operation for removal, this should be done with a good light, and the nose must be cocainized; after removal of the polypus, either the edge of the middle turbinated bone is removed with the "reel snare," or if the edge of the bone cannot be caught in this way, the rongeur forceps are used. Strict antiseptic precautions are carried out when the middle turbinated bone is interfered with, and Seiler's tablets or a solution of

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perchloride of mercury is used. Cauterization by means of galvano-cautery or chromic acid and sprays of hazeline or alcohol complete the cure. In the case of fibro-myxoma attacked posteriorly, Jarvis's snare or the electro-cautery passed through the nose, or if it cannot be seized from the front, pulling it down into the mouth, and applying forceps to it from the mouth, enables us to remove it. *B. J. Baron.*

Editors of the "New York Medical Journal."—*Adenoid Growths of the Pharynx in Children.* Nov. 26, 1892.

At a meeting of the section of Pediatrics held in New York on November 10th, Dr. Bosworth discussed the symptoms and treatment of naso-pharyngeal adenoids. He urged that the trouble should be looked upon as a general disease with marked local manifestations. Over sixty per cent. of all nasal catarrh in children is due to the presence of these growths. The most important symptoms are interference with the respiration and impairment of hearing by occlusion of the Eustachian tubes. The child's appearance is characteristic. The mouth is kept partially open, the bridge of the nose is broadened, and the character of the voice is "dead." A simple and effective method of demonstrating the presence of adenoids is by means of the vaseline spray. When introduced into a healthy nostril a cloud immediately issues from the other passage; if, however, the pharynx be occluded by vegetations the spray does not return. The condition is but a step removed from scrofula, and is marked by a tendency to hyperplasia of adenoid tissues. If the tonsils be much enlarged adenoids are almost sure to be present. In the management of such cases not only must local treatment be adopted, but constitutional remedies must likewise be used. A preparation specially indicated is the syrup of the iodide of iron. Bosworth considers the curette a better instrument for the removal of such growths than the forceps, but has obtained the best results from the use of a snare. *W. Milligan.*

LARYNX, &c.

Uchermann.—*A Case of Laryngitis Sicca.* Med. Soc. of Christiania, Jan. 27, 1892.

At the meeting of the above-mentioned society the author mentioned a case under his treatment. The patient, a young girl aged seventeen, whose mother and sister died of phthisis, exhibited intermittent attacks of suffocation caused by the formation of large hard crusts in the hypoglottic region of the larynx. There was atrophic rhinitis present, but no pharyngitis sicca. The larynx improved by degrees under treatment with iron and painting of the hypoglottic region with iodine-glycerine. At the same meeting, Uchermann also demonstrated a cholesteatomatous growth removed from the mastoid process of a young girl. *Holger Mygind.*

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