sidering the universal liability to some of the above affections, the question arises: Is the bursa ever found healthy? Considerations of depth, shape, and exposure to irritation, and perhaps even constitutional peculiarities, will suggest the answer.

Tornwaldt (*loc. cit.*) states that of 1,603 cases, in two years, of nose, throat, ear, and lung disease, 892 had affections of naso-pharynx. Of these, 202 had bursal affections, viz., 157 hypersecretion, and 45 cystic tumours. The treatment recommended by Tornwaldt is, in the first place, simply palliative (until perfect tolerance is obtained) by cleansing solutions, insufflations of astringent powders, and painting the site of the bursa with a 10 per cent. solution of nitrate of silver. Later, he recommends the passage of a stylet covered with fused argentic nitrate through the orifice into the cavity of the bursa, and thorough cauterization of its walls, but more especially the introduction of a specially curved *galvano-cautery* into the bursa, as being radical, active, and certain. It is possible that in some cases this bursa may become the seat of acute suppuration and the origin of retro-pharyngeal abscess. R. H. S.

THERAPEUTICS AND INSTRUMENTS.

HOWARD SMITH.—A Device Intended to Facilitate Application to the Posterior Nares or Larynx. *New York Medical Record, August* 7, 1886.

THE india-rubber tubing of the atomiser is to be lengthened to about five feet, so that the bulk of it lies on the floor, and the bulb can be worked with the operator's foot, while the mirror can be held in the one hand, and the bottle and spray tube with the other.

EATON, F. B.—Some Improved Forms of Burners for the Galvano-Caustic Treatment of Nasal and Post-Nasal Hypertrophies. *New York Medical Record, August* 28, 1886.

A DESCRIPTION of several new forms of burners, which to be understood must be read alongside the illustrations which accompany the paper.

PHILLIPS, W. C.—A New Throat Applicator. *New York Medical Record, October* 30, 1886.

THIS is the uterine applicator modified in length, size of handle, and stem, and in the material used, being made of sterling silver, filed down at the distal end, so as to be sufficiently flexible to be bent into

https://doi.org/10.1017/S1755145500159019 Published online by Cambridge University Press

any desired curve for application to the nose, pharynx, or larynx. It can be used as a probe, cotton-holder, or applicator. The remainder of the stem or shank is inflexible. Absorbent cotton should be wound round the end of the instrument, loosely at the distal and tightly at the proximal end, to prevent it slipping off when withdrawn.

THOMPSON, J. A.—A New Nasal Illuminator. *New York Medical Record, November* 6, 1886.

A SMALL incandescent lamp is mounted on a metal tube, curved on a short radius to an arc of 90°. It is protected from injury by the throat muscles, by a metal shield, the inner side of which is polished, and serves as a reflector. It is movable, and can be turned so as to throw the light on either Eustachian orifice, through the nose or on to the posterior wall of the pharynx, and can also be removed for cleansing. The tube and lamp are provided with a hollow wooden handle. Three cells of an ordinary galvanic battery suffice to light the lamp.

The lamp can easily be guided into the naso-pharyngeal space, the distance from the bottom of the tube to the top of the lamp being less than three-fourths of an inch.

BÜRKNER (Göttingen).—**The Use of Auer's Light for Medical Purposes.** *Berlin Klin. Woch.*, No. 29, 1886.

THE writer strongly commends this light on account of its easy application to every gas, and its cheapness. The natural colours of the tissues are maintained. MICHAEL.

NYROP.—Electrical Light Apparatus. (Electrische Beleuchtungsapparate fur Aerztliche Zwecke.) *Central. f. Ch. und Orthopaed. Mechanik*, 1886, No. 13.

DESCRIPTION of electric light, fixed on to frontal bandage, and produced from accumulators. MICHAEL.

VOLTOLINI (Breslau).—**Ueber Electrolytische Operationen mit Demonstration von Instrumenten. (Electrolytic Operations with Demonstration of Instruments.)** *Monatschr. für Ohrenheilkunde, October*, 1886.

A PAPER of the greatest importance and interest. Neither knife, scissors, nor galvano-cautery are without accidents of suffocation or fatal bleeding, or the non-completion of the operation, in operations for the removal of fibrous and fibro-sarcomatous tumours of the naso-pharynx. The author, therefore, recommends electrolysis. This

https://doi.org/10.1017/S1755145500159019 Published online by Cambridge University Press

method is not followed by bleeding. The old method of applying one of the electrodes to the head or neck is not to be employed. The author at first used two needles to destroy the tumour, but there is the possibility that, in destroying the tumour, the needles, going deeper and deeper, may reach the meninges, if the bone is already perforated by the tumour. The author lost one patient from meningitis in this manner. He has, in consequence, devised electrolytic scissors and pincettes, and also a battery for electrolytic purposes, which can be obtained at a moderate price; also an electrolytic cutting wire for the removal of polypus and other neoplasms, without hæmorrhage. The author finally asserts that naso-pharyngeal tumours show no recurrence if they are removed rhinoscopically. A patient with retropharyngeal fibroma was operated upon by Professor Langenbeck. In one year it recurred. Operated on by the author rhinoscopically, the patient has been for ten years without recurrence. MICHAEL (Hamburg.)

BRADE.—Kleine Tauchbatterie nebst Nadeln zur Electrolyse von Prof. Voltolini in Breslau. (Prof. Voltolini's small Battery, with Needles for Electrolysis.)

A DESCRIPTION of the battery, &c. (See report of the German Naturalists and Physicians' Congress.) MICHAEL.

LUBLINSKI.—Ueber die Iodol-Behandlung der Larynx-Tuberculose. (The Iodol-Treatment of Laryngeal Tuberculosis.) *Sonderabdruck aus der Deuts. Med. Woch.*, No. 51, 1886.

IODOL is scarcely soluble in water, but is dissolved by alcohol and ether. Schmidt proposed a mixture of iodol, 1 part; alcohol, 16 parts; glycerine, 34 parts. This is, however, too weak. Lublinski has used the powder pure for laryngeal insufflation. It causes no pain or cough, and it remains a long time in contact with the surface. The author has used it in the treatment of fifteen cases of tuberculosis. He administered one insufflation daily, or, in some cases, two or three times a week. Under its influence ulceration quickly heals, the base becoming clean and granulating, dysphagia disappears, and the patient's health improves. Tannin, boric acid, lactic acid, and other applications will produce this effect, but not so rapidly as iodol, the action of which is striking. The author gives details of two cases of tuberculosis in particular, in which iodol produced rapid curative effects. In both there was extensive ulceration. The author also regards iodol as serviceable in ozæna and scrofulous rhinis, with ulcers on the septum.

https://doi.org/10.1017/S1755145500159019 Published online by Cambridge University Press

BERGEON ET MOREL.—Results of the Method of Gaseous Rectal Injections in Simple Inflammatory and Tubercular Laryngitis, Ulcerations of the Respiratory Passages, Pharyngitis, &c. (Resultats de la Methode des Injections Rectales Gazeuses dans la Laryngite, Simple Inflammatoire, et Tuberculeuse, les Ulcerations des Voies Respiratoires, la Pharyngite: G. Masson, Boulevard St. Germain, &c.)

DR. BERGEON has abandoned local treatment in laryngeal phthisis, and has employed the method of rectal clysters. He has always obtained by this means rapid amelioration of the throat pains, disappearance of spasm, and complete cicatrization of the ulcers. A patient with such pain on swallowing that he had not eaten for three days, was relieved quickly by the treatment with gaseous enemata. The throat pains diminished, and in three weeks the ulcers began to cicatrize, which process has continued since. Bergeon employs by preference carbonic acid, and he injects four to five litres a day, in two injections. M. Cornil and M. Chantermesse, experimenting with this method of treatment, have obtained excellent results in the treatment of respiratory affections. JOAL.

DIPHTHERIA.

CLIBBORN, J. B.—A Case of Diphtheria of the Vagina without the Throat being affected. *Lancet*, No. XIX. Vol. II. *November* 6, 1886.

A WOMAN, attending her child suffering from diphtheria, was scratched by him on the wrist. Isolated painful vesicles appeared without pyrexia; healed, and were succeeded by similar vesicles round the nipples; still no pyrexia. These disappeared. The patient all the time felt weak, which increased. Anorexia and insomnia, along with fœtid vaginal discharge, came on. The mucous membrane of vagina was inflamed, and covered in parts with false membrane; constitutional symptoms followed, asthenia, delirium, delusions, and albuminuria. Highest temperature 99°·4. The woman, who was pregnant, developed labour pains. Miscarriage was averted by large doses of opium. Ten days after appearance, the false membrane disappeared and convalescence was rapid. The throat was never affected. The treatment was carbolic acid ♏j, glycerine ♏x, tinct. quiniæ ʒj, water to ʒj, every three hours, and local treatment with iodoform and vaseline, and syringing with potass permanganate.

The author speaks highly of this plan of treatment in other cases.

https://doi.org/10.1017/S1755145500159019 Published online by Cambridge University Press