removal of a small bony growth from the nasal septum, ostensibly a septal spur, which prevented due respiration. The case is referred to in the "British Medical Journal," August 26, 1893. If, as stated, the bony growth was small, surely a general anæsthetic was uncalled for. If the removal of large polypoid growths, even sarcomata filling the post-nasum, enlarged turbinals, and septal spurs, is daily effected throughout the civilized world under cocaine, and almost painlessly, the question arises how should such an undertaking ever have been perpetrated? What of such excellent appliances as electrolysis or galvano-cautery, not to mention the saw, for the use of which thousands of competent authorities consider cocaine sufficient? *Wm. Robertson.*

Rohrer (Zurich).—*Further Investigations into the Antimycotic Properties of Aniline Derivatives.* "Archiv für Ohrenheilk.," Band 34, Heft 3.

ANTHRAX threads were readily deprived of their pathogenic properties by means of a one per thousand solution of hexa-ethyl-pyoktanin. *Eczema of the auricle* and *superficial external otitis* yielded in almost every case to the application of the pyoktanin pencil, or to dusting with tufts of cotton wool dipped in pyoktanin powder. Even obstinate cases—as also *eczema of the nose* (vestibule?)—were successfully treated. Inflammation of the subcutaneous connective tissue and periosteum of the *mastoid*, secondary to eczema of the meatus, of such severity as to suggest antral disease, yielded to meatal applications of the powder. It was efficacious in *acute* and *chronic middle-ear suppuration*, being introduced in cases of perforations of Shrapnell's membrane right into the opening. After *nasal galvano-cauterization*, he insufflates a powder containing two per cent. of the drug. He considers it superior to methylene blue or to auramin, but admits the difficulty in making reliable experiments as to the absolute and relative antiseptic power of these products. [We have used these remedies in a series of cases, but have not found them superior to others which had not the unpleasant staining effect. At the same time they may prove very useful and impressive reserves.—ED.] *Dundas Grant.*

Kramer, W.—*Treatment of Lupus of the Skin.* "Med. Rec.," May 20, 1893, from "Annals of Surgery."

FREE "circum-" and "ex-" cision of the diseased parts, with primary or secondary suture, or, if necessary, transplantation by Thiersch's method. *Dundas Grant.*

MOUTH, PHARYNX, &c.

Wertheimer. — *On Submaxillary "Mumps."* "Münchener Med. Woch.," 1893, No. 35.

DESCRIPTION of a case of epidemic parotitis in which both parotid glands were healthy, and only the submaxillary glands were affected. *Michael.*

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Wacker.—*Contagious Swelling of the Submaxillary Gland.* "Munchener Med. Woch.," 1893, No. 35.

PAROTITIS epidemica affecting two children, without swelling of the parotid glands, only both submaxillary glands were swollen. *Michael.*

Wyeth, John A. (New York). — *Advancement of a portion of the Superior Maxillary Bone in Cases of Hare-Lip with Anterior Cleft of the Hard Palate, for correcting the deformity of the Ala Nasi.* "Med. Rec.," June 24, 1893.

FREE separation of the flattened ala not being found sufficient, Dr. Wyeth has adopted the plan of drilling a hole about one-fourth of an inch from the anterior edge of each of the maxillary bones through the bone, and large enough to permit the introduction of a large soft silver wire. About half-way back along the alveolar process of the short side the upper jaw is deeply divided between two teeth by means of cutting forceps or scissors, and the detached portion is forced forwards till it touches the opposite half, to which it is fixed by means of the wire. The plastic work on the lip is then postponed for at least eight weeks. *Dundas Grant.*

Gottheil.—*Two Cases of Labial Chancre in Cigar Makers.* "Med. News," July 15, 1893.

THERE is nothing new in this paper, but it shows one way in which syphilis may be caught quite innocently from the end of a cigar, inasmuch as the filthy practice of moistening with saliva the pointed end of the cigar, in order to roll it into shape, prevails amongst cigar manufacturers.

B. J. Baron.

Bleything, George D. (New York). — *Gangrenous Gingivitis in Adults.* "Med. Rec.," June 17, 1893.

AFTER twenty-four hours' administration of iodide of potassium for asthma and rheumatism a burning hæmorrhagic rash appeared on the body, and marked gingivitis of a gangrenous character developed, such as mercurials might produce. The iodide was then stopped. On an attempt to use it again a year afterwards the same untoward effects resulted.

Dundas Grant.

Philipson (Hamburg).—*Case of Multiple Syphilitic Gummata of the Tongue.* "Berliner Klin. Woch.," 1893, No. 32.

MULTIPLE ulcers and tumours of the tongue were treated with dubious effect with mercury and iodide of potassium. Some improvement followed, but some time later death occurred from cancer of the tongue. The case is not very clear. *Michael.*

Vinton, Maria M. (New York).—*The Frequency of Throat Diseases in New York School Children.* "Med. Rec.," June 17, 1893.

OUT of five hundred and fifty children supposed to be healthy—

Twenty per cent. showed normal throats;
Sixty per cent. had adenoid vegetations;
Twenty per cent. had enlarged tonsils;
Twelve per cent. had both combined;

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Four children had divided uvula ;
One child had perforation of both anterior pillars with complete loss of tonsils, from an early attack of scarlatina.

The great frequency of throat diseases is accounted for by the humidity of the climate. On dry days the mucous membrane had the pink tint accepted as normal, but on damp days a bright red or even a purplish colour. "Here we have the whole process—humidity, lowered barometric "pressure, congestion, hypertrophy of lymph tissue, nasal obstruction, "over-secretion of the mucous follicles, enlarged faucial and pharyngeal "tonsils, granular pharyngitis—the catarrhal picture we see so frequently."

Dundas Grant.

Lord (New York).—*Primary Tuberculosis of the Tonsil, Cheek, and Lips.* "Med. Rec.," May 20, 1893.

AN ulcer appeared on the right tonsil two years ago along with one of irregular shape and soft consistency on the inside of the left cheek. Half a year ago it spread to the upper and then the lower lip, and the diagnosis seemed to lie between syphilis and epithelioma. On microscopical examination of a portion of the diseased skin it was found to be tuberculous. *Dundas Grant.*

Huntingdon, W. D. (Oakland, Cal.) — *Removal of a Safety-Pin from the Pharynx of a Child aged Three Months.* "Med. Rec.," April 22, 1893.

NO symptoms appeared for twenty-four hours after an older child had put a safety-pin in the infant's mouth. After that time it became fretful, coughed, and retched. On examination one end of the pin could be seen just in front of the uvula. The point was in the naso-pharynx, and considerable force was required to withdraw it by means of an ear-forceps. *Dundas Grant.*

Dugge (Altona).—*Case of Œsophageal Diverticulum.* "Münchener Med. Woch.," 1893, No. 40.

A PATIENT, sixty-nine years old, complained of difficulty in swallowing. Only soft and fluid food could be swallowed, and a portion of what was swallowed was rejected. Sometimes a thick Nelaton probe could be introduced, and sometimes it was impossible to pass the smallest bougie beyond the stenosed part. It would appear certain that there was a diverticulum. The patient died some time later from putrid bronchitis, and the *post-mortem* examination confirmed the diagnosis. *Michael.*

Logan, J. R. (Liverpool).—*Case of Congenital Occlusion of the Œsophagus.* "Liverpool Med. Chirurg. Journ.," July, 1893.

A PRIMIPARA, aged forty-two, was delivered of a female infant at the seventh month. Next day, on observing that the child could not swallow, Dr. Logan passed a bougie, and found its progress firmly arrested four and a half inches from the gums. The child lived for six days on injections of peptonized milk. On *post-mortem* examination, the œsophagus was found to terminate abruptly and completely at the level of the sixth tracheal ring. From this point a muscular-looking band

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extended downwards, firmly adherent to the trachea. In its lower part this constricted band again expanded, and for two inches above the stomach the tube was of its normal calibre. No communication with the trachea, such as occurs in the majority of such cases, was detected, and no other abnormality was found in the thorax or abdomen.

Middlemass Hunt.

Schreiber (Konigsberg).—*New Dilator for Treatment of Strictures of the Œsophagus.* "Berliner Klin. Woch.," 1893, No. 32.

A SOFT rubber tube, which, after being introduced, is filled with water, and is enabled to dilate the stricture. *Michael.*

NOSE AND NASO-PHARYNX.

Mattison (Brooklyn).—*Nasal Medication with Morphine and Cocaine.* "Med. Rec.," April 1, 1893.

HE feels warranted by his experience in saying that "the continued use of morphine or cocaine, be the manner what it may, and known or unknown to the patient, always involves the danger of inebriety," and protests against their use *per nares.* *Dundas Grant.*

Dessar, Leonard A. (New York).—*A New Nasal Bougie.* "Med. Rec.," April 8, 1893.

THIS is made of vulcanized rubber, is one-eighth of an inch thick, four inches long, and three-eighths of an inch wide. It tapers at the point to a thin rounded edge, and at the other end is provided with a rounded handle for the thumb and forefinger. It is intended for use of surgeon and patient, and is valuable in preventing the formation of adhesions after operations—especially galvano-cautery—on the walls of the nasal fossæ. *Dundas Grant.*

Keiper, G.—*A Case of Nasal Hydrorrhœa.* "New York Med. Journ.," July 22, 1893.

THE patient in this case suffered from a constant and profuse nasal discharge. On examination, hypertrophic rhinitis was diagnosed. Treatment was adopted, but failed to effect a cure. The author then advised the use of an atropine spray (sulphate of atropine, gr. ii. aq. dest. ℥i.) three times daily. Rapid improvement set in at once.

W. Milligan.

Bernstein, Edward.—*Hypertrophic Rhinitis, producing Ocular Asthenopia.* "Medical Times," July 22nd, 1893.

THE author draws attention to the fact that cases of asthenopia occur when, even after the refractive error has been properly corrected, headache, etc., continue very much as before. In such cases careful examination of the nasal cavities may afford the proper explanation of the condition. When we remember that the nervous supply of the nasal

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