made from the lobe of the ear downwards, a little posterior to the ramus of the jaw, and was continued round the angle of the jaw to the front of the neck. To obtain more room a portion of the angle of the jaw was removed. After a careful dissection the tumour was reached and easily shelled out. The tumour proved to be a sarcoma. A rapid recovery followed.

George W. Major.

AVENDANO.—Treatment of Stenosis of the Gullet. *Revista de Ciencias Médicas, Habana, December* 5, 1888.

THE long or small permanent catheter is considered by Avendano as the most reasonable measure of treating œsophageal stricture of cancerous nature, and temporary dilatation should be restricted to most cases of cicatricial stenosis. **Ramon de la Sota.**

FLINN, D. EDGAR (Kingstown, Dublin).—**Stricture of the Œsophagus.** *British Medical Journal, September* 29, 1888.

EPITHELIOMA was the disease present. **Hunter Mackenzie.**

STEELE, CHARLES.—Case of Deficient Œsophagus. *Lancet, October* 20, 1888.

IN the case of a newly-born child, the œsophagus terminated above and below in blind, rounded ends an inch and a half apart ; there was no cord or connection between the parts. **Hunter Mackenzie.**

NOSE, NASO-PHARYNX, &c.

NATIER.—On Hay Fever. *Thèse, Paris, December,* 1888.

THIS is an excellent monograph, in which the author occupies himself only with the pathology and treatment of the affection. He energetically combats the doctrine recently sustained in France by Leflaive, that the malady was due to some general condition of the organism. Natier is convinced of the nasal origin of the disorder. The microbic theory ought, in his opinion, to be abolished. Only pollen and dust are necessary as exciting causes. Arthritism should be regarded as a favourable ground for the development of the affection ; and it is especially necessary to admit a predisposing condition of the nasal mucous membrane. Natier recommends rhino-surgical treatment. **Joal.**

PRZEDBORSKI.—Chronic Hypertrophic Rhinitis, and the Affections of neighbouring and distant Organs which may depend upon it. *Gazeta Lekarska,* 1888.

THIS is a good compilation presenting the state of anatomical, physiological, pathological, and therapeutical knowledge of the subject. The theory

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of reflex neuroses, and opinions for and against, are deliberated in detail. No new or original ideas are emitted. **Constantin Karwowski.**

DANIEL, RONALD (Petersfield); **PETERS, LEONARD G.** (Gobowen).—**Paroxysmal Sneezing.** *British Medical Journal, September* 1, 1888.

THE former recommends the administration of quinine in large doses in anticipation of the attack, with the local application of cocaine. The latter recommends cocaine locally, and aconite, arsenic, and quinine, combined, internally. **Hunter Mackenzie.**

MAJOR.—Sarcoma of the Nares. *Montreal Medico-Chirurgical Society, November* 16, 1888.

THE growth was of the size of a small pigeon's egg, and grew from the triangular cartilage. It was removed with a cold wire, and the seat of origin destroyed by the galvano-cautery. The growth developed rapidly No recurrences at an interval of four months. Microscopic examination proved it to be spindle-celled sarcoma. **George W. Major.**

MIRÓ.—Foreign Bodies in the Nasal Fossæ. *Crónica Médico-Quirúrgica de la Habana, July*, 1888.

A CHILD, seventeen months of age, introduced into its left nasal fossa the calix of a rose; there followed great restlessness, fever, dyspnœa, and a thick and fœtid secretion. It was extracted with the forceps. Another child, ten months old, was sucking a pea-nut, when this went down into the larynx, where it excited dyspnœa and vomiting; in one of these attacks it passed into the posterior part of one nasal fossa. The author pushed the foreign body with an English catheter into the pharynx, from whence it was rejected by vomiting. A child, of five years of age, introduced a French bean into the nose, whence it was extracted with a bent probing needle. **Ramon de la Sota.**

GOMEZ DE LA MATA.—Ozæna. *Revista de Laringologia, Otologia y Rinologia, Barcelona, October*, 1888.

THE treatment which Gomez employs is the following: If the disease is syphilitic, naso-pharyngeal douching with a tepid solution of sublimate, 1 in 6000, during two or three days, then with hydrate of chloral 10 grams, carbonate of soda, borate of soda āā 8, water 2 litres. During the night are introduced in the nose bougies, anointed with the following pomade: iodoform 4 grams, vaseline 10, oil of cade 1. If the patient cannot endure the nasal douche, he substitutes for it the local application of a large smooth pencil, moistened with a concentrated solution of hydrate of chloral. **Ramon de la Sota.**

BROWNE, LENNOX (London).—**Adenoid Growths in the Naso-Pharynx.** *British Medical Journal, September* 1, 1888. (Paper read before the Annual Meeting of the British Medical Association, 1888.)

THE author has found these growths both with and without enlarged tonsils. The failure to cure deafness by tonsillotomy might be explained

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by the frequent concurrence and overlooking of these growths. They did not appear so early in life as was generally supposed, but might be met with after twenty-one years. In cases of otorrhœa they ought to be looked for. They were best removed by the finger nail.

Hunter Mackenzie.

HILL, WILLIAM (London).—**The Rôle of the Pharyngeal Tonsil in Health and Disease.** *British Medical Journal, September* 1, 1888. (Paper read before the Annual Meeting of the British Medical Association, 1888.)

"THE function of the tonsil is analagous to that of an ordinary lymphatic "gland, namely, the production of leucocytes for the blood. . . "Although the bulk of the leucocytes passed into the blood, histological "investigation showed that a pretty constant migration took place into "the alimentary canal, and it was suggested that these migratory leuco-"cytes, being strongly amylolytic, played some subsidiary part in the "process of digestion." The acceptance of these views would explain why the mere surgical treatment of adenoid growths was so often unsatisfactory.

Hunter Mackenzie.

FALCÓ.—Naso-Pharyngeal Fibrous Polypus: Extirpation and Cure. *Revista de Medicina, Cirugia y Farmacia, July,* 1888.

A MAN, twenty-three years of age, was received into the hospital on account of a round, even, red, hard tumour, which had never caused bleeding, and which filled almost all the naso-pharyngeal cavity, and was attached to the internal surface of the left pterygoid process. The tumour was extracted, after cutting through the soft palate, and cutting the peduncle with the écraseur of Maisonneuve, without hæmorrhage. The weight of the tumour was 40 grams.

Ramon de la Sota.

MATHESON, FARQUHAR (London).—**Stammering or Stuttering, and Naso-Pharyngeal Disease.** *British Medical Journal, September* 1, 1888. (A paper read before the Otological Section, at the Annual Meeting of the British Medical Association, 1888.)

THE author's conclusions are :—"(1) That stammerers were, as a rule, of "a neurotic temperament ; (2) that one of the following conditions was a "constant factor in cases of stammering—namely, the enlargement of the "turbinated bones, adenoid vegetations in naso-pharynx, chronic rhinitis. "The spasmodic action of the muscles of the throat was due to reflex "action."

Hunter Mackenzie.

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