JULES SIMON at six months. The author relates five cases where the vitality of the virus seems pretty conclusively to have lasted from two to five years. **Joal.**

NOSE AND NASO-PHARYNX.

MACDONALD, GREVILLE (London).—**On the Mechanism of the Nose as regards Respiration, Taste, and Smell.** *British Medical Journal, December* 1, 1888.

A PAPER read at the Annual Meeting of the British Medical Association, 1888.

The author details some experiments and observations which he has made on the three-fold functions of the nose, of considerable physiological and clinical importance. For an account of these the reader is referred to the original paper, which will well repay perusal. **Hunter Mackenzie.**

KERMET.—Pathological Opening of the Maxillary Sinus in a Syphilitic Subject. *Journal de Méd. de Paris, February* 17, 1889.

THE case of a cataleptic and syphilitic subject, in whom a loss of substance occurred near the molars, ending in a communication of the maxillary sinus into the mouth. **Joal.**

TROUSSEAU.—Ocular Reflex Affections of Nasal Origin. *Soc. d'Opthalmologie, April* 2, 1889.

THE author has observed a certain number of cases of this kind :—

A young girl, eighteen years of age, was only cured of a blepharospasm rebellious to all other treatment, by the ablation of numerous small nasal polypi.

A lady, twenty-five years of age, has a blepharospasm every time that she has an attack of acute coryza.

A man, thirty-five years of age, has been cured of an ophthalmic migraine by extirpation of a number of small polypi.

There also exists a true nasal asthenopia, which only yields to treatment of the pituitary membrane. It is distinguished from other asthenopias by the integrity of refraction, of the conjunctiva and the lachrymal ducts. **Joal.**

TROUSSEAU.—Ozæna and Infectious Ulcers of the Cornea. *Soc. de l'Elysée, April* 1, 1889.

THE author relates the case of a young girl, strumous in constitution, and affected with a greyish ulcer of the left cornea with hypopion. The lachrymal passage was normal. There was simple ozæna and marked atrophy of the turbinateds. The ulcer had been treated in various ways without success. The ozæna was treated, the nose being disinfected with

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douches, and the ulcer was then treated with the galvano-cautery. A cure was obtained, and the hypopion disappeared. Trousseau has observed eleven cases similar to this. **Joal.**

NATIER.—Multiple Perforations of the Septum—Semilunar Perforation of the Arch of the Palate on the Right Side—Adhesion of the Posterior Faucial Pillar and Arch of Palate on that Side to the Posterior Wall of the Pharynx. *Annales de la Polyclinique de Bordeaux, January*, 1889.

IN the syphilitic patient, of whose condition the above is a description, the lesions of the arch of the palate and nose were only discovered when vocal disorders had led the patient to seek relief in the clinic of Dr. Moure.
Joal.

ILLINGWORTH, C. R. (Accrington).—**Hay Fever.** *British Medical Journal, November* 3, 1888.

THE author recommends a nasal douche and spray inhalation of biniodide of mercury (1 in 2000). He narrates a bad case sucessfully treated by this method. **Hunter Mackenzie.**

RUAULT.—Pathogeny and Treatment of Hay Fever. *Archives de Laryngologie, March and April*, 1889.

THE author examines and discusses the different theories of this disorder which attribute it to pollen, microbes, arthritism and nasal conditions, and concludes that hay fever is a reflex, neuropathic condition of the trigeminal, It is the result of irritation of the terminal nervous filaments of the mucous membrane excited by certain dusts, and notably by the pollen of certain plants. This mechanical or chemical irritation which appears to be due rather to micro-organisms transported to the mucous membranes by these dusts, rather than to the dusts themselves, is capable of producing hay fever only in a certain small number of persons. The cause of this individual predilection is not certain, but it is known that this particular special irritability is especially frequent in individuals affected with hypertrophic rhinitis, and that it is observed most frequently in the gouty, the neurotic, or persons born of gouty or neurotic parents. This work, and that recently published by Natier, opportunely combat the opinions emitted in France recently by Leflaive and Lermoyez. **Joal.**

BADEN, G. (Odense, Denmark).—**A Case of Rhinolith.** *Hospitals Tidende*, 1889, *No.* 2.

THE patient was a woman, aged forty-five, who for four years had suffered from purulent, and sometimes also sanguinolent, discharge from the right side of the nose ; the last two and a half years there had been pains in the right frontal and temporal region, together with giddiness and noises in the ears. There was found a movable hard foreign body, with rather sharp edges, in the right side of the nose, and as attempts to extract it were in vain, it was crushed, and its nucleus was found to be a cherry-stone, about which calcareous matter, consisting of carbonate and phosphate of lime was deposited in layers. **Holger Mygind.**

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JUFFINGER.—Tubercular Tumour of the Nasal Mucous Membrane. *Wiener Klin. Wochenschr., No.* 13, 1889.

THE patient, twenty-one years of age, has lost twelve sisters from phthisis. For some months she has had obstruction of the right nasal passage. A tumour was found on the right side of the septum, and was removed by the galvano-cautery. Some months later recurrence occurred, necessitating a second operation, followed by a third. The microscopical examination showed that the portion removed was a tuberculous tumour. **Michael.**

LABIT.—A Case of Purulent Catarrh of the Frontal Sinuses, consequent upon Ablation of Polypi. *Annales de la Polyclinique de Bordeaux, January,* 1889.

THE case of a patient, who, after being operated upon for mucous polypi, was attacked with violent pains in the head and necrosis of the orifices of the frontal sinus. The author is of opinion that the catarrh of the sinuses was consecutive to the operation for polypi. Dr. Moure cured the patient by injections of two or three drops of creolin in a glass of water. **Joal**

ARONSOHN (Ems).—**Asthma Artificially Produced in Man.** *Deutsch Med. Woch., No.* 17, 1889.

DURING the cauterisation of a nasal tumour the author produced an attack of dyspnœa in a patient previously quite free from asthma. On completely removing the neoplasm the asthma was cured. **Michael.**

SCHMIEGELOW, E.—Asthma, especially as Regards its Relation to Nasal Diseases. *Copenhagen,* 1889, 94 pp.

THE author first gives a historical review of the different theories of the cause and nature of asthma. He adheres to the theory, that asthma is a bulbar neurosis, the principal feature of which is an excessive reflex irritability of the respiratory centre, which irritability can exist together with general nervous debility, or develop after weakening influence, such as hæmorrhages, fevers, etc., but which also can exist in quite healthy persons. In the latter cases, the cause, probably, is to be found in frequent and strong irritations of the respiratory centre, through the nasal fibres of the fifth nerve.

A chapter is devoted to brief descriptions of seventy-one cases of asthma observed by the author; of these sixty were cases of genuine asthma, while in eleven there were only asthma-like symptoms. In most of the seventy-one cases there were found marked morbid changes of the nasal cavity.

The frequency of asthma in relation to nasal diseases was found by the author to be such, that out of five hundred and fourteen cases of chronic rhinitis (observed amongst his private and out-door patients), forty, viz., nearly eight per cent., and out of one hundred and thirty-nine cases of nasal polypi, thirty-one, viz., twenty-two per cent., suffered from asthma, this disease appearing a little more frequently among men than women.

The result of surgical treatment of the nasal diseases in asthmatic patients was observed in fifty cases; out of these seven derived no benefit

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from the treatment, eleven were better, and thirty-two were "cured." Out of these thirty-two cured patients, seventeen, however, had a relapse; "several of these relapsed cases, however, were ultimately definitely cured." In all the relapsed cases there was also a relapse of the nasal diseases. In all cases treated by the author the local treatment was supported by general treatment with tonics. **Holger Mygind.**

WOLKOWITSCH (Kiew).—**On Rhinoscleroma.** *Langenbecks Archiv, Band 38, Heft. 23.*

THE author gives a review of the history of the disease and of its geographical distribution. In Europe the disease is mostly found in the eastern provinces of Austria and in Russia. In America it is only observed in Central America. He relates the history of eleven cases which he has observed, and gives a table of seventy-six cases collected from other observers, including his own eleven cases. Concerning the localisation of the disease, he says that it usually begins in the deeper parts of the nose, and commonly simultaneously in both sides of the nose. It then progresses to the outer nose, the lip, and to the pharynx, larynx, and trachea. In rare cases the tongue, ear, and eye are affected. The disease is characterized by cartilaginous infiltration of the skin or mucous membrane. The only metamorphosis of the infiltration is a cicatrizing process, never fatty or other degeneration. The disease progresses symmetrically on both halves of the body. The first symptoms are those of a common catarrh of the nose, nasal phonation, and then follows fœtid secretion. The disease of the mouth or pharynx causes great pain, and the affection of the trachea renders necessary tracheotomy and the wearing of a permanent cannula. The disease is excessively chronic and progressive. Treatment either surgical or anti-parasitic has up to now been without satisfactory results. The histological and bacteriological description is very extensive, but must be perused in the original.

Michael.

RUAULT.—On a New Method of Treatment of Atrophic Rhinitis and Ozæna. *Archives de Laryngol., April,* 1889.

RUAULT first cleanses the nasal fossæ of accumulated crusts, then acts upon the mucous membrane with a powerful antiseptic, which produces at once antisepsis and slight irritation of the pituitary mucosa. He prevents drying of the mucous membrane and the secretions, by preserving to the patient the possibility of breathing through the nose. This latter organ is washed out with a weak solution of bicarbonate of soda, the crusts are removed with small forceps, then it is swabbed out with wool moistened with camphorated naphthol in vaseline, and finally vaseline oil is sprayed into the nasal cavity, and the pulverisations are repeated several times a day.

If the naso-pharynx is covered with crusts, it is necessary to remove them, and to swab out the parts with camphorated naphthol or creoline.

The results obtained by this method are superior to those obtained by any other treatment generally adopted. In all the cases of ozæna which Ruault has thus treated he has seen the bad odour diminish or disappear rapidly under the influence of camphorated naphthol. **Joal.**

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SIEBENMANN.—Mycosis Leptothricia of the Naso-Pharynx. *Monats. für Ohrenheilk., No.* 4, 1889.

A PATIENT, forty-nine years of age, had experienced for three years swelling of the left half of the face, and fœtid secretion from the nose. Death occurred from nephritis. In the naso-pharynx was found a dry mass of secretion covered with greenish and whitish masses of aspergillus fungatus, aspergillus nidulus and mucor corymbifer. It was possible that the condition was a post mortem one. **Michael.**

GELLÉ.—Luschka's Bursa and Tornwaldt's Disease. *Société de Biologie, April* 13, 1889.

THE author presented to the Society a beautiful preparation of a pharynx in which the bursa appeared to be well defined. He holds that this mucous bursa, the pathology of which has given rise to so much discussion in Germany, is an anatomical condition so exceptional that its existence is denied by many anatomists. It can never play the important pathological rôle attributed to it. **Joal.**

MICHEL, CARL (Cologne).—**Affections of the Voice produced by slight Pathological Conditions and Anomalies of the Naso-Pharynx.** *Deutsch Med. Woch., No.* 20, 1889.

THE singing voice may be deteriorated to a high degree by affections of the naso-pharynx and the tonsils, and specially by hypertrophied tonsils. This is due to impairment of mobility of the velum palati, the contraction of which is necessary to produce high tones. **Michael.**

HOVELL, T. MARK (London).—**Adenoid Vegetations of Naso-Pharynx.** *British Medical Journal, October* 20, 1888.

A PAPER read before the South-Eastern Branch of the British Medical Association. **Hunter Mackenzie.**

URUNUELA.—On Adenoid Growths of the Naso-Pharynx. *Revista de Laringologia, Otologia, y Rinologia, Barcelona, March*, 1889.

AFTER giving a short description of the naso-pharyngeal space, the author refers to the symptoms of these growths. As a means of diagnosis, he prefers digital touch to anterior and posterior rhinoscopy, and to examination with the catheter. For extirpating adenoid tumours he uses forceps with a double angle and crenated spoons, preferring these to caustics, the Galvano-cautery, and the cold snare. **Ramon de la Sota.**

LUC.—On Incomplete Operations for Adenoid Vegetations. *Archives de Laryngol., April*, 1889.

THE author removes adenoid growths at one sitting under chloroform, employing Loewenberg's forceps as modified by Chatellier. It is important that the operation be complete and radical, and that is difficult to obtain, for generally some portions of the growths are left behind. Luc practises cauterisation for destruction of the remnants of growths left behind, a few days after their ablation. **Joal.**

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