

eruption of lichen ruberplanus on one hand and on the eyelids, it was possible to diagnose the case. The disease is very rare.

R. Sachs.

V. Rosen, H.—*Uncommon Case of Dangerous Bleeding in consequence of Swallowing a Leech.* "Petersb. Med. Woch.," No. 10, 1899.

Boy, nine years old, was drinking some water out of a stone jug in the dark, and swallowed a leech. Continuous bleeding from the nose and throat set in. It was impossible to catch hold of the leech by forceps or any other instrument. After an hour's gargle with permanganate of potash the leech was ejected apparently dead.

R. Sachs.

NOSE.

Birkett, H. S.—*Foreign Body in Naso-pharynx for Eighteen Years.* "Mont. Med. Journ.," June, 1899.

The patient, a young woman, aged twenty-three, remembered putting a thimble in her mouth when five years old. This was followed by an attack of coughing, when the thimble disappeared. A year later she developed catarrh of the nose, which continued ever afterwards. On examination both nostrils were filled with mucopurulent discharge, and the odour was characteristic of the presence of a foreign body. Post-nasal examination revealed a black mass lying close to the septum, and covered with catarrhal deposit. Under an anæsthetic it was removed, and proved to be a tailor's thimble, encrusted with concretions. The surface of the thimble itself was perfectly smooth. Under ordinary treatment all the catarrhal and ear symptoms entirely disappeared.

Price-Brown.

Hajek.—*Cephalalgia in Diseases of the Nose and its Accessory Cavities.* "Wien. Klin. Rundsch." (1899, 22, "Wien. Med. Club.")

Empyema of the accessory cavities of the nose causes cephalalgia in the acute and chronic stages; in acute empyema the cephalalgia is more neuralgiform, in chronic it is more like diffuse headache. Empyema of the frontal sinus causes more constant cephalalgia; next that of the antrum Highmori. Another peculiarity of the neuralgic pains is that they always come at the same time every day. When these intermittent pains are caused by neuralgia of the supraorbitals there is, according to the experience of the author, always disease of the frontal sinus. Then Hajek is very sceptical about the cause of cephalalgia through hypertrophy of the nasal mucous membrane; only the hypertrophy of the mucous membrane of the tuberculum septi seems to be an exception.

R. Sachs.

Keller (Cologne).—*The Connection between Disease of the Lachrymal Duct and Rhinology.* West German Laryngological and Otolological Association, April 16, 1899.

The speaker described first the anatomical, physiological, and pathological conditions, and alluded specially to the mucous valve at the lower end of the lachrymal duct (so called by Husner). Inspiration opens this duct for the evacuation of lachrymation. In the majority of cases, according to Keller, the origin of the lachrymal duct disease is at the nasal opening.

The orbital portion is only affected after the existence of the disease for some time. Nasal disease coexists in from 95 to 97 per cent. of the cases. The speaker gave a better prognosis of this disease with nasal treatment, which consists of injections into the duct and removal of abnormal conditions which may be present in the nose. The former method was attempted in the last century by Laforest with a special catheter, but was given up on account of the difficulty in introducing it.

The treatment of certain nasal conditions relieves at once if the disease of the lachrymal duct is not severe. But if strictures, etc., are present nasal treatment is not sufficient. The most important task of rhinology consists, according to Keller, in a thorough prophylaxis, especially removal of any abnormal state of the inferior turbinate.

In the discussion Lieven (Aix-la-Chapelle) recommended a method recommended by Killian (Freiburg) for advanced cases. A probe is introduced into the duct, and the bone and the anterior end of the inferior turbinate are removed, the nasal part of the duct being opened by bone forceps.

Lieven (Guild).

Keyser, R. (Breslau).—*Congenital Choanal Atresia.* "Wien. Klin. Rundsch.," No. 11, 1899.

Patient twenty-four years old. Complete atresia of the right choana. Patient refused operation. *R. Sachs.*

Rischaevy.—*On the Theory of the Relationship of Chronic Diseases of the Naso-laryngeal Canal and Diseases of the Nose.* "Wien. Klin. Rundsch.," No. 9, 1899.

The author found in some of these cases that not only the inferior turbinated bone, but also the middle one, was very swollen. He thinks that also through stenosis of the middle nasal meatus compression of the naso-laryngeal canal may be caused. In these cases he recommends removal of the middle turbinated bone. *R. Sachs.*

LARYNX.

Birkett, H. S., and Nicholls, A. G.—*Carcinoma of Larynx.* "Mont. Med. Journ.," May, 1899.

Six months previously a man, aged fifty-five, complaining of hoarseness, applied for examination. The laryngoscope revealed an ulcer, 6 millimetres by 3 millimetres, situated on the under surface of left vocal cord, in the vicinity of the vocal process. The surface was uneven and clean. There was no swelling of the crico-arytenoid articulation and the movements of the cord were unimpaired. Glandular tubercular and syphilitic manifestations were all absent, as also was stridor. Iodide of potash treatment was tried for a number of weeks without avail.

The patient was not seen again by Birkett until he was summoned to relieve œdema of the glottis, which seriously threatened suffocation. Inspiratory stridor was marked by retraction of supra- and infra-clavicular spaces and abdominal wall. In performing tracheotomy to relieve the symptoms, unusual difficulty was met with owing to the great depth of the trachea. It was found to be $3\frac{1}{2}$ inches from the surface. There was also enlargement of the middle lobe of the thyroid. On opening the trachea by lower operation, the œdema was found to