Rice.—*The Troublesome Symptoms caused by Enlargement of the Epiglottis, and the advisability of reducing the size of this Cartilage by Operative Measures.* "New York Med. Journ.," April 9, 1892.

CERTAIN troublesome symptoms—fulness in the throat, voice fatigue, violent paroxysms of coughing, tickling, vomiting, and glottic spasm—are at times caused by an enlarged, congested, irritable epiglottis. In most of these cases the enlargement of the epiglottis has been caused by an hypertrophied lingual tonsil, removal of which will afford relief. In other cases, however, the epiglottis has become so enlarged as to rub against the lateral and posterior walls of the pharynx. The author has found that astringent applications have no effect in causing reduction in its size. He advises removal of the hypertrophied portions with suitable instruments. *W. Milligan.*

Witthauer.—*Case of Retro-pharyngeal Abscess.* Verein der Aerzte in Halle-a-S., Meeting, Mar. 1, 1892.

A PATIENT, thirty-two years old, had a large swelling in the pharynx, and especially of the posterior pharyngeal wall. Pressure on the left side of the neck was painful. In the evening dyspnœa began, and the laryngoscope showed œdema of the glottis. Treatment with ice. Some hours later sudden extreme cyanosis and dyspnœa; tracheotomy; death. The *post-mortem* examination showed an abscess on the vertebral column, beginning in the retro-pharyngeal space, and pointing in the region of the sixth tracheal cartilage. The cause of the abscess was not discovered. Death seems to have been caused by debility of the heart. The case must be looked upon as one of cryptogenetic septicæmia. *Michael.*

Campbell, D. S. (Detroit). *Eight Cases of Œsophageal Stricture.* "Med. Rec.," June 11, 1892.

THESE cases—seven recent and one old—made good recoveries after electrolytic treatment. He reported them before the surgical section of the American Medical Association. No particulars appear in the "Record's" report. *Dundas Grant.*

NOSE, NASO-PHARYNX, &c.

Dessar, Leonard A. (New York).—*A New Nasal Electrode.* "Med. Rec.," May 28, 1892.

THE leads are fastened together by metal bands insulated by means of ether (*sic*) fibre, asbestos or ivory, instead of binding threads. They can thus be soaked in antiseptic solutions without damage. *Dundas Grant.*

Heryng (Warsaw).—*Electrolysis, and its Application in Diseases of the Nose, Throat, and Larynx.* "Przeglad Lekarski," 1892, Nos. 1, 2, 7, 8, 11, 12, and 13.

AFTER a few preliminary remarks as to the subject and action of electrolysis, and to historical facts in regard to the application of this method in

therapeutics (Crusel, first; later on, Voltolini, Kuttner, etc.), the author proceeds to the description of electric batteries and auxiliary instruments. Further, he describes his own experiments with electrolysis. The first trials the author made in the pharynx—namely, in cases of hypertrophy of the tonsils—were, however, not encouraging. Still less efficacious was electrolysis in diseases of the nose, as, for instance, in hypertrophy of the turbinated bodies and deviations of the nasal septum. In one case even perforation of the septum took place. In one case of syphilitic stenosis of the naso-pharynx the author successfully applied electrolysis. In all, he has applied this method to twenty-seven cases, of which twelve were laryngeal; eleven, cases of tuberculosis. The author further reports detailed histories of five cases of laryngeal tuberculosis, in which electrolysis proved to be fairly satisfactory. He concludes that in this disease, although the method is efficacious, it cannot take the place of surgical treatment. *John Sedziak.*

Editor of the "Medical Record."—*Coryza and the Axis of Astigmatism.* "Med. Rec.," June 4, 1892.

REFERENCE is made to a case cited in the "Post-Graduate," in which a patient suffering from coryza was cured by the correction of his astigmatism. If the axis of the astigmatism became improperly rotated the coryza reappeared. The "Record" twits the ophthalmologists on their enthusiasm, and suggests the possible substitution of cylindrical glasses for aconite, Dover's powder, etc., in the treatment of coryza.

Dundas Grant.

Frank (Wien).—*Osteoma Orbitale et Nasi—Extirpation.* "Internat. Klin. Rundschau," 1892, No. 26.

A PATIENT, twenty years old, had for two years a tumour in the right orbital cavity. For six months there existed obstruction of the nose. Temporary resection of the nose and extirpation of the tumour was followed by cure. *Michael.*

Srebrny and **Bujwid.**—*A Case of Rhinoscleroma.* "Nowiny Lekarskie," 1892, No. 3.

A PATIENT, forty years of age, complained of dyspnœa, which had lasted for three months. Obstruction of the left nostril had lasted a year. On examination a great hypertrophy of the left inferior turbinated body, of osseous consistence, was found. In the larynx, under the true vocal cords, two thick walls of a strongly red colour were seen. At first the author made a diagnosis of the so-called "Stoerk's blennorrhœa," basing his diagnosis upon the symptoms typical of this disorder. The treatment was—irrigation of the nose and inhalations, with methodical dilatations of the larynx. For the bacteriological examination (Bujwid) the anterior end of the inferior turbinated body, and a growth from the inferior left nostril, hitherto not observed, were cut off. Typical bacilli of rhinoscleroma were found. The author draws attention to the diagnostic significance of the cultures of these micro-organisms on agar-agar. It is

typical, and the growth appears the next day, while the examination of the sections gives sometimes negative results, being generally difficult.

John Sedziak.

Knight.—*Cyst of the Middle Turbinated Bone.* "New York Med. Journ.," Mar. 19, 1892.

THE cyst was removed with the cold wire snare and cutting forceps under cocaine. The two theories advanced in explanation of this condition are: (1) That it is the result of a rarefying osteitis similar to that occurring in the long bones. (2) That it has its origin as an osteophytic periostitis, secondary to a hypertrophic rhinitis. The cyst is often multilocular, and contains air and mucous or purulent fluid.

Unless it is so large as to cause pressure or impede nasal breathing it is seldom necessary to interfere. The cold wire snare is recommended, especially in large cysts with associated polypoid growths. Schmiegelow punctures with galvano-cautery and removes the walls with cutting forceps and scissors.

B. J. Baron.

Kibbe, A. B. (Seattle).—*A Case of Asthenopia and Headache due to Hypertrophy of the Middle Turbinated Bone.* "Med. Rec.," April 23, 1892.

A MAN of thirty had for nearly a year been unable to read or use his eyes for close work without a sense of weariness. A slight hypermetropia, and an insufficiency of the external recti, were corrected without improvement. There was deviation of the septum into the right nostril, and enormous hypertrophy of the left middle turbinated body, not materially diminished by cocaine. Removal by means of a snare gave immediate and lasting relief.

Dundas Grant.

Hunt, J. Middlemass.—*Abscess of the Antrum of Highmore.* "The Liverpool Med.-Chir. Journ.," July, 1892.

In this paper the author refers to the two main views held by the profession as to the origin of antral disease—the first, that antral disease is generally secondary to nasal trouble; the second, that it is the result of dental caries. In the author's experience the so-called classical symptoms, (1) distension of the antrum, (2) swelling of the cheek, (3) infra-orbital pain, (4) escape of pus on lying on the sound side, are, as a rule, conspicuous by their absence. The one constant and all-important symptom is the presence of a purulent nasal discharge coming from the concavity of the middle turbinate, and escaping either by the anterior or the posterior naris. Pain is, as a rule, present, and is generally intermittent in nature and supra-orbital in position. As regards the intra-nasal condition, diffuse hypertrophy of the middle turbinate, polypoid degeneration or even true polypi in the middle meatus, hypertrophy of the mucous membrane in the neighbourhood of the hiatus semilunaris, bare bone in the middle turbinate or at the ostium maxillare are to be found in most cases. The author regards it as justifiable to open the antrum in any patient with unilateral purulent discharge coming from the concavity of the middle turbinate in its anterior half, and constantly or at times ill-smelling, if there be no obvious cause for the discharge inside the nose itself, such

as a foreign body or specific ulceration. He does not regard the trans-illumination of the antral cavities by means of Voltolini's electric lamp, placed in the mouth, as of much practical importance, although in a doubtful case it may at times be useful. Exploratory puncture carried out through the middle or inferior meatus with a Pravaz syringe, or a Lichtwitz's trocar and canula, is a more reliable method. For purposes of treatment the best plan is to open the antrum from the alveolar process, either through the socket of a tooth which has been removed or from the alveolar border. A metal tube should be inserted in order to keep the opening patent. Opening from the lower meatus, while it has the advantage of preventing the entrance of food particles into the antrum, and of keeping the purulent discharge from entering the mouth, has the great disadvantage of not allowing thorough drainage, as the opening is not situated in the most dependent part of the cavity. *W. Milligan.*

Chiari (Wien).—*The Results of Treatment of Empyema of the Antrum of Highmore.* "Prager Med. Woch.," 1892, Nos. 22, 23, 24.

THE author records the histories of twenty-eight cases treated by him, and gives the following results of his experience:—(1) In very rare cases the empyema caused by periostitis of the root of a tooth can be cured by extraction of the root alone. (2) Sometimes cure follows frequent irrigations of the nose. (3) Injections into the antrum also, if regularly made, sometimes cure the disease, but sometimes only improve it. (4) Only recent inflammations can with certainty be cured by a few injections. (5) Successful injections by the ostium maxillare could only be made in one case. (6) The best way to obtain successful injections is an opening through the alveolus. (7) Insufflation of iodoform is of uncertain effect. (8) The communication between the antrum and mouth must be closed. (9) The best method is tamponing with iodoform gauze, repeated every week. (10) The tampon must be introduced, if possible, by the opening through the alveolus. *Michael.*

Laker (Graz). — *Large Endo-Nasal Tumour totally Extirpated through the Choanæ.* "Archiv für Ohrenheilk.," Band 32, page 211.

THE author pressed the tumour, which was situated in the lower and middle nasal passage, by forceps into the retro-nasal space. It was then removed through the mouth. *Michael.*

Sokolowski (Warsaw).—*On the Relation of Post-Nasal Growths to the so-called "Enuresis Nocturna."* "Gaz. Lekarska," 1892, No. 4.

SOME authors, as Major, Bloch, etc., following Hack's theory, maintain that "enuresis nocturna" depends on the presence of post-nasal growths. The author, basing his opinion upon one case observed by himself, regards the connection of both these diseases as very problematic. A schoolboy, ten years old, suffered for a long time from obstruction of the nose. He had also since childhood "enuresis nocturna." After operation upon the post-nasal growths the permeability of the nose was established. At the same time enuresis ceased. It, however, appeared again after two weeks in full strength. Repeated scraping of the rest of the growths had not any

effect upon the enuresis. The author supposes that the temporary arrest of enuresis nocturna in this case had its origin in the neurotic shock, produced by fright, and partly by pain, during the operation.

John Sedziak.

LARYNX, &c.

Solis-Cohen.—*The Voice.* "Internat. Med. Mag.," April, 1892.

AFTER some interesting paragraphs on sound, and how it is produced, and on the qualities of the human voice, the author tells us of various defects of vocal utterance that lead to troubles which come under the notice of the throat specialist.

1. Pitching the voice in too high a key. The chest portion of the register is the proper one to use, especially in men, but not its very lowest portion.

2. Speaking too loud.

3. Speaking too rapidly. Sound-waves require a certain length of time to travel from one end of a room to another. They undergo deflection, and deflection from the walls of the room, and verge towards the centre of the apartment, where they become irregularly mixed with the direct waves, thus creating confusion of sound, which does not subside on the instant their utterance ceases. Due allowance must be made in all cases for the resonance of the room, and time given for its subsidence.

4. Giving too much time to the consonants, and too little to the vowels. Rest at intervals, and after a hearty meal, is insisted on. Sipping water in small quantities is good for dryness of the throat when speaking.

B. J. Baron.

Stewart, Donald (Nottingham).—*Laryngeal Papilloma.* "Brit. Med. Journ.," Jan. 2, 1892.

A SUB-GLOTTIC growth, the size of a pea, removed entire by Mackenzie's forceps. Specimen shown.

William Robertson.

Keller (Freiburg).—*Tuberculosis of the Posterior Laryngeal Wall.* "Münch. Med. Woch.," 1892, Nos. 23, 24, 25.

THE author has applied Killian's method of examination of the posterior laryngeal wall in many cases, and has found that by this method the pathological processes of this region can be seen earlier and better than by the usual method. He then discusses the symptoms of the disease without bringing forward anything new, and concludes with a recommendation of energetic surgical treatment.

Michael.

Stein (Berlin).—*Tracheotomy in Laryngeal Tuberculosis.* "Deutsche Med. Zeit.," 1892, Nos. 46, 47, 48.

THE author commences with a complete report upon the literature of the application of tracheotomy to laryngeal phthisis, then relates two cases of phthisis somewhat improved after the operation, and recommends the