

contracting stricture of the œsophagus. By the operation the dangers of the disease are diminished, and the local treatment of the stricture, as well in new as in old cases, is much facilitated. Some cases can only be cured after the performance of œsophagotomy. (2) The continual dilatation of the œsophagus by drains is a better method than the usual method of application of bougies. The author has in three cases passed a tube from the gastrotomy wound to the mouth by aid of a guide introduced through the mouth. The drain remained for continual dilatation. The details of the cases should be read in the original. In one of the cases both gastrotomy and œsophagotomy had to be made for successful dilatation of the stricture. *Michæl.*

NOSE AND NASO-PHARYNX.

Tyrrell, R. Shawe.—*A Predisposing Cause of Hay Fever.* "Canadian Practitioner," Aug. 1, 1892. "Transactions of the Ontario Medical Association."

THIS paper is of some value, and well worth perusal, as the conclusions arrived at are the result of careful observation. The author claims that lithæmia is a strong predisposing cause of hay fever. He was himself a sufferer, and found that salicylate of soda taken at night would invariably dissipate a threatened attack. After further experience with the drug, he found that a fifteen-grain dose taken before breakfast was the best means of administration, as it combined the actions of a diuretic, diaphoretic and purgative. The same line of treatment was followed in other sufferers with equally gratifying results. *George W. Major.*

Musehold.—*Treatment of Ozæna (Rhinitis Atrophicans Fatida).* "Deutsche Med. Woch.," 1894, No. 20.

THE author recommends the application of a glycerine-borax solution by Trautmann's nasal spray. *Michæl.*

Bresgen (Frankfurt-a-M.)—*Contribution to the Question of Ozæna.* "Münchener Med. Woch.," 1894, Nos. 10 and 11.

As is well known, Grünwald has asserted the cause of ozæna to lie in supuration of the nose or the accessory cavities—a view which is contradicted by Hopman and others. To clear this question the author relates some observations from his own practice.

1. A girl, twenty-five years old, with true ozæna. The author found carious processes in the ethmoid and sphenoid bone. Cure of the disease by removal of the carious parts and after-treatment.

2. In a patient forty-seven years old, suffering with ozæna, the author found carious parts in the middle nasal channel of the left side. He believes that the frontal bones, which were now examined and gave a normal result, had been diseased before and been cured by nature. He believes that the carious processes had caused the disease in this case.

3. In a patient nineteen years old the author cured the ozæna by treatment of an empyema of the sphenoidal sinus by aid of the sharp spoon and after-treatment with hexa-violet.

4. Cure of ozæna, in a patient thirty-seven years old, by operative treatment of the carious ethmoidal bone.

5. Cure of ozæna, in a patient twenty-four years old, by surgical treatment of an empyema of both sphenoidal sinuses.

6, 7, 8, 10 and 11 are cases of ozæna successfully treated by enucleation of the carious sphenoid bones.

In the ninth case the ozæna was combined with empyema of the antrum of Highmore, the sphenoid sinus, and the frontal sinus.

The author concludes that Grünwald's views are right, and that ozæna must be treated by treatment of the diseases nearly always found in the accessory sinuses and after-treatment with hexa-violet. *Michael.*

Hopman (Köln).—*Declaration.* "Münchener Med. Woch.," 1894, No. 20.

POLEMICAL article concerning Grünwald's views on ozæna. *Michael.*

Heymann, Paul (Berlin).—*Bleeding Tumours of the Nasal Septum.* "Archiv für Laryngol.," Band 1, Heft 3.

SEE the report of the meeting of the Berliner Laryngological Gesellschaft. *Michael.*

Vladar.—*The Treatment of Rhinitis Fibrinosa by Iodoform.* "Pester Med. Chir. Presse," 1894, No. 16.

RECOMMENDATION of iodoform insufflations in rhinitis fibrinosa.

Michael.

Pawlowsky (Kiew).—*Treatment of Rhinoscleroma by Rhinosclerin.* "Deutsche Med. Woch.," 1894, Nos. 13 and 14.

IN the last two years the author has treated two cases of rhinoscleroma by chemical extract of cultures of rhinoscleroma bacilli. Before beginning his experiments on men he treated bacilli by his extracts, and found that the formation of cultures was much diminished by adding the extract to the culture fluid. Experiments on rabbits also showed him that the extract has no injurious effect. The injection of glycerine extract, performed in a patient eighteen years old with rhinoscleroma, was followed by feverish reaction, reddening and swelling of the affected nose. A month later, after fifteen injections, the plaques were softened, and examination showed signs of acute inflammation. After one year of continuous treatment the disease had made no progress. Also in a second case of rhinoscleroma the disease made no progress during half year of treatment. In this case also the injections were followed by local reaction. The author believes that he has found in this injection a diagnostic and therapeutic agent for the treatment of rhinoscleroma.

Michael.

Wright, G. A.—*Remarks on some Affections of the Accessory Nasal Cavities.* "Med. Chronicle," July, 1894.

THE author remarks that any of the nasal sinuses or collections of cells may be affected by catarrh of their mucous linings, or may be converted into abscess cavities by occlusion of their natural outlets. Suppuration within the anterior ethmoidal cells is most readily diagnosed by seeing

a purulent discharge flowing from the region of the middle meatus in cases in which there is no evidence of disease of the antrum or frontal sinus. In abscess of the sphenoidal sinus the discharge passes into the pharynx and not forwards. There is said also to be pain referred to a deeper seat than is the case in affections of the anterior ethmoidal cells. To open up the anterior ethmoidal cells a steel probe or director should be passed along a line running horizontally through the middle of the middle meatus, and the cells carefully broken down. In order to gain entrance into the sphenoidal sinus the instrument should be passed straight backwards across the middle turbinate body. Where the posterior ethmoidal cells have to be opened they may be reached either by penetrating the anterior cells, or by piercing the wall of the cells upon their orbital aspect.

In empyema of the frontal sinus there is pain in the orbit and tenderness upon percussion over the sinus. There may also be swelling of the superimposed tissues, but this is by no means always the case. In addition there is usually also a purulent discharge from the nose, which runs out when the head is held erect. If the suppuration be acute it may cause necrosis. Resolution may take place or perforation on the face or into the cranium. In order to open the sinus an incision should be made horizontally under the orbital margin, and the bone over the sinus carefully removed until the mucous membrane is in view. This should then be opened and a drainage tube passed down into the interior of the nose. Empyema of the maxillary antrum may result from the presence of carious teeth, from extension of disease from the nose or surrounding bones, from the presence of foreign bodies, from injury, or the irritation of growths. The pus may be situated either within the mucous sac or between the mucous membrane and the bone.

Pain in antral abscess is often severe, but may be slight or even absent. If the cavity be distended one or other of its walls may protrude. There is also a unilateral nasal discharge, increased when the head is held forwards or upon one side. The patient is very conscious of the presence of the discharge, especially when it is foul. The author remarks that the test by transillumination may be useful, but may be illusory. Several cases of antral disease are described. *W. Milligan.*

Lincoln, R. P.—*Removal of a Naso-Pharyngeal Tumour by the Galvano-Cautery Écraseur.* "New York Med. Journ.," May 26, 1894.

THE tumour after removal proved to be a vascular fibroma, and arose from the left half of the pharyngeal vault and the left pterygoid plate. The loop was passed up the left nostril and the mass removed without hæmorrhage. *R. Lake.*

LARYNX.

Gerhardt (Berlin).—*Spasm of the Accessory Nerve combined with Affection of the Vocal Cords.* "Münchener Med. Woch.," 1894, No. 10.

A PATIENT, sixty-two years old, with empyema and bronchitis, had some years ago a traumatic affection, and since that time tremor of the head,