

abscess and angina faucium pointed out; also of nasal affections and *la grippe*. The four chief micrococci found are streptococcus brevis (*a* and *b*) pharyngis, streptococcus longus (*a* and *b*) pharyngis. The disease is in its acute form one of infancy, and most frequent during the first two years of life. The same internal incision as that advocated by Bokai is advocated, and is certainly preferred by the author in most cases; external incision being used when there is deep suppuration of the cervical glands with primary abscess behind the pharynx. *R. Lake.*

Lape, Esther.—*Antiseptic Treatment of Scarlatinous Angina by Resorcin-Glycerine.* "Thèse de Paris," 1896.

THE author relates twenty-five cases of scarlatinous angina treated with much benefit by painting with glycerine and resorcin; one in ten to one in twenty. She employs that medicament in every case of angina, serious or mild. The application is not painful, not caustic, diminishes the duration of the angina, and prevents the secondary infectious complications of that disease. *A. Cartaz.*

Moreau.—*Contribution to the Study of Peripharyngeal Abscesses.* "Thèse de Paris," 1896.

EXHAUSTIVE description of the pharyngeal lymphatic glands, and of the symptoms of various forms of pharyngeal abscesses, retro or lateral. The author believes these abscesses are a phlegmonous adenitis, a consequence of direct local infection by tonsils or general infantile diseases. *A. Cartaz.*

Taylor, Seymour.—West London Medico-Chirurgical Society, March 6, 1896. "Brit. Med. Journ.," March 14, 1896.

THE author showed a man of thirty who had recovered from a severe attack of *Ludwig's Angina* under the use of potassium iodide. No incisions were necessary.

MR. BIDWELL showed a case of *Salivary (Parotid) Fistula* cured at a second attempt by setting up considerable suppuration.

MR. BIDWELL also showed an example of *Adenoma* situated near the tip of the tongue in a girl of fourteen. Surface vesicles, due to lymphatic obstruction, were to be observed. *Ernest Waggett.*

Tsergin (Kasan).—*Anastomosis in the Tongue.* "Archiv. für Anat. und Physiol.," 1894.

THE sympathetic nervous system gives fibres to the tongue by the superior cervical ganglion. The greater part of the vaso-constrictive fibres come from the hypoglossal nerve, the other from the plexus lingualis. *Michael.*

Waldvogel.—*Bacteriological and Pathologico-anatomical Researches of Infectious Pharyngo-Laryngitis.* Inaugural Dissertation, Gottingen, 1894.

THE author found in four cases examined that the inflammation was caused by streptococcus. *Michael.*

NOSE AND NASO-PHARYNX.

Baldewein, Rudolf (Rostock).—*The Rhinology of Hippocrates.* "Zeitschrift für Ohrenheilk.," Bd. 28, Heft 2.

THE author has collected from the works of Hippocrates all remarks relative to rhinological questions, as well as anatomical, pathological, and therapeutical. He has found that where the author was obliged to make hypotheses, errors were

frequent; but concerning the diseases of visible parts, we find exact clinical observation and an admirable therapy. The exact descriptions of different forms of polypus show the author knew of hypertrophy, of deviations, and of mucous polypi. For removing the neoplasms he had used both ligature and the sponge method known under Voltolini's name. The methods of operation are illustrated by instructive woodcuts. Also, fractures of the nasal bones are treated by methods similar to the most modern.

Michael.

Laurens, G.—*Nasal Lesions and Ocular Reflexes*. "Ann. d'Oculistique," April, 1895.

GENERAL review, in which Laurens explains the various reflex manifestations of the eye due to nasal disease.

1. Reflex sensory troubles, general or special (neuralgia, photophobia, amblyopia).
2. Troubles of excito-sensory nerves through irritation of the nasal branches of the trigeminal (lachrymation, epiphora).
3. Reflex disorders of motion (blepharospasm, strabismus, asthenopia).
4. Nutritive and vaso-motor disorders in divers parts of the eye (conjunctivitis, iritis, glaucoma, etc.).

He discusses the pathogenic explanation of these disorders—the nervous reflex theory adopted by Hack and Berger, and the circulatory by Ziem. He himself believes that in some cases the troubles must be the result of secondary microbial infection.

A. Cartaz.

Myles, R. Cunningham (New York).—*Disease of the Accessory Nasal Sinuses, with Suggestions regarding their Treatment*. "Med. News," Mar. 28, 1896.

THE article deals with the difficulty of diagnosis in these cases and refers to the valuable aid given by the electric lamp. The author points out the importance of recognizing the altered character of the secretion poured out by the cells and its position, as indicating the diseased area; he advises irrigation at first through the natural openings, but where there is a considerable secretion of offensive pus recommends that a free artificial opening should be made without delay. He classifies the pathological conditions met with under the head of catarrhal, polypoid, odontic periostitis, atrophic rhinitis and syphilitic, and deals with the treatment of each form, consisting principally of cleansing, antiseptic drainage, curetting, and packing, and concludes by giving the history of twenty cases which had come under his observation.

StGeorge Reid.

Skier.—*Researches on Deviation of the Nasal Septum*. Inaugural Dissertation, Rostock, 1895.

REPORT on the examination of one hundred and seventy-two skulls of the Rostock anatomical collection. The results confirm those of Zuckerkandl.

Michael.

Tissier, P.—*Nasal Syphilis*. "Gaz. des Hôp.," Feb. 15, 1896.

GENERAL and critical review. The author studies the syphilitic manifestations of the skin, the mucous membrane, primary, secondary, and tertiary lesions, and the various forms of hereditary syphilis, of early or late development.

A. Cartaz.

Wright, G. A.—*On Certain "Dermoid" Cysts*. "Brit. Med. Journ.," April 18, 1896.

THE author draws attention to dermoid cysts containing hair, which occur about the bridge of the nose in the middle line. He also describes two cases in which ulceration [?] tubercular] was found associated with auricular fistulæ.

Ernest Waggett.