

according to Abbe's method, and one to steady it. Shots were afterwards clamped on and drawn through the sinuous tract. Five weeks later, bougies were used, and the patient eventually recovered and took food by the mouth. *R. Lake.*

Pater, A. J.—*Two Cases of Rupture of the Œsophagus.* "Med. News," May 12, 1894.

IN the first the œsophagus ruptured into the left pleura during, or rather at the commencement of the act of vomiting. There was evidence of œsophago-malacia, to which the rupture was attributed. The second was caused by erosion of the wall by an aortic aneurism. *R. Lake.*

NOSE AND NASO-PHARYNX.

Wright, J.—*Asepsis and Antisepsis in the Nose and Throat.* "Annals of Ophthal. and Otol.," April, 1894.

THE statements of Lermoyez and Wurtz are combated by bacteriological investigations by the author, who has found, as have Besser and Dellelli, numerous pathogenic organisms in apparently healthy noses. The paper concludes with advocating the efficient use of antiseptics before and after all operations here as elsewhere. *R. Lake.*

Jones, W. S.—*Unusual Morbid Growths of the Nose and Mouth.* "Therapeutic Gazette," March 15, 1894.

THE first, a carcinoma of the inferior and middle turbinated bones, was removed by the curette. The second was a similar case, and was treated in like manner. The third was an ossifying fibroma of the alveolar process, which was removed with the galvano-cautery snare. There was no recurrence in any of the cases. *R. Lake.*

Levy, R.—*Inoperable Sarcoma of the Nose.* "New York Med. Journ.," March 17, 1894.

A DETAILED report of a large-celled sarcoma of the superior maxilla. *R. Lake.*

Gibb, J. S.—*The Importance of Early Recognition and Treatment of Obstructive Diseases of the Upper Respiratory Tract.* "American Lancet," May, 1894.

THE author urges careful attention to the nose and naso-pharynx in all cases, even where there is no obvious connection between the disease and the parts mentioned. *R. Lake.*

Reuter (Ems).—*Disturbances of the Olfactory Sense.* "Wiener Allg. Med. Zeit.," 1894, Nos. 20, 21 and 22.

REVIEW of the literature. *Michael.*

Lewis, F. D.—*Nasal Reflexes.* "Journ. of Ophthal., Otol., and Laryngol.," April, 1894.

TWO cases of nasal reflexes cured by operation. The second was affected with asthma, which was cured by removal of hypertrophic tissue from the middle turbinated body. *R. Lake.*

Ripault.—*Etiology and Treatment of Epistaxis*. "Gaz. Med. de Paris," June 9, 1894.

CRITICAL review.

A. Cartaz.

Roe, J. O.—*The Treatment of Deviations of the Nasal Septum*. "New York Med. Journ.," April 7, 1894.

A CLEAR and concise *résumé* of the various deformities, and the means, operative and non-operative, for remedying them. *R. Lake.*

Spilsbury, E. A. (Toronto).—*Deflection of the Nasal Septum and its Surgical Treatment*. "Canada Lancet," Sept., 1893.

THE author discusses at some length the various deflections of the nasal septum and the causes which produce them, favouring traumatism as the more frequent. After considering the several procedures for restoring normal respiration and drainage, he advocates an operation which has given satisfactory results in simple cartilaginous deflection. He directs an incision through the projection following its long axis. The end of the finger is then to be introduced into the nostril, and the septum pushed beyond the centre, and there maintained by packing the previously obstructed nostril with carbolized oakum. *George W. Major.*

Kyle, D. B.—*Etiology, Pathology and Treatment of Ozæna*. "Med. News," May 5, 1894.

THE author upholds the theory that atrophic rhinitis arises primarily as a hypertrophied rhinitis, and, after reviewing the literature on the subject, states that he almost always demonstrated the presence of anæmia by an examination of the blood, which rapidly improved under treatment. His treatment is (1) cleansing the membrane with hydrogen peroxide; (2) removing this with an antiseptic alkaline spray; (3) thoroughly drying the membrane; (4) applying an oily solution of oil of mustard up to six or eight drops to the ounce. *R. Lake.*

Fischer (Emmerich).—*Ozæna of the Nose and Larynx*. Dissertation, Greifswald, 1893.

REPORT of two cases from Strubing's clinic.

Michael.

Grünwald (München).—*Ozæna*. "Münchener Med. Woch.," 1894, No. 15.

POLEMICAL article concerning Hopman's views.

Michael.

Scheppegrell, W.—*Congenital Occlusion of the Posterior Nares*. "Annals of Ophthal. and Otol.," April, 1894.

REPORT of cases, and a detailed description of the ordinary operation.

R. Lake.

Griffin, E. H.—*The Occlusion of the Post-Nasal Space by Syphilitic Adhesion*. "New York Med. Journ.," March 24, 1894.

OPERATION is advocated, and a double-edged knife, curved on the flat, is used; the edges of the wound are cauterized, and a pair of dilators used for some time afterwards.

R. Lake.

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Lathuraz.—*Naso-Pharyngeal Polypus.* "Lyon Medical," June 10, 1894.

CASE of naso-pharyngeal polypus removed by evulsion with Loewenberg's forceps. Cure in eight days. *A. Cartaz.*

Knight, C. H.—*A Case of Torticollis following Removal of Adenoids, etc.* "Annals of Ophthal. and Otol.," April, 1894.

THE torticollis came on twenty-four hours after the operation, and lasted ten days; three suggestions as to its cause are given, the last being preferred. (1) Wound of the rectus muscle. (2) Contusion of the muscle. (3) Nerve lesion, causing a reflex torticollis. *R. Lake.*

Grönbech (Copenhagen).—*Deformity of the Palate in Adenoid Vegetations of the Naso-Pharynx.* "Hospitals-Tidende," 1893, No. 10.

THE author has examined the shape of the hard palate in seventy-seven cases of adenoid vegetation of the naso-pharynx, and found it normal in only ten cases. In sixty-seven cases (*i.e.*, in eighty-seven per cent.) there was some abnormality of one kind or another, and in ten of these the palate exhibited signs of rickety deformity. In the remaining fifty-five cases the author found an abnormal increase of the palatine arch, a section through it forming either a polygon or a Gothic arch, often also a decrease of the distance between the right and left alveolar process, and an irregularity in the position of the teeth, especially the front teeth. In all these cases the inferior maxilla presented a normal appearance, a circumstance on which the author lays great stress, as being a proof that the abnormality of the upper jaw in the fifty-five cases was not of rickety origin, but caused by deficient development of the nasal cavity, the normal pressure of the septum decreasing in intensity. The oral breathing, according to the author, also influences the development of the deformity, the air of expiration pressing against the palate of the infant, and thus augmenting the result. *Holger Mygind.*

Hajek (Wien).—*The Diseases of the Ethmoidal Bone.* "Internat. Klin. Rundschau," 1894, No. 19.

FROM the anatomical researches of Zuckerkandl it is certain that caries of the ethmoidal bone is a rare event. It is therefore impossible that in life it can be present as often as is said by some authors, especially by Grünwald. If we examine with a probe we always touch bone if we enter in the space of the ethmoidal bone; therefore that symptom cannot be viewed as characteristic of caries. Only when there is pus in the middle meatus, and suppuration of all the accessory sinuses can be excluded, may we believe that there is disease of the ethmoidal bone. *Michael.*

LARYNX.

Tansk.—*The Relation of Thoracic Aneurisms to the Recurrents.* "Pester Med. Chir. Presse," 1893, No. 27.

OF forty-one cases of aneurisms seen in the clinic at Pest, hoarseness was observed in twenty-two, and paralysis of the recurrents in nineteen. Most