

A day or two from the occurrence of fever from a tonsillar affection, swelling takes place in another group of glands which the author calls the inferior amygdalic glands, situated immediately external to the corresponding greater cornu of the hyoid. This swelling disappears with the cessation of fever, and before that of the glands of Chassaignae. Minerbi, after most careful observation, concludes that the amygdalic glands are anatomically separated from the other lymphatics, and describes clearly the nature of this separation. *James Donelan.*

Prota, Dr. G. (Naples).—*Fibroma of the Tonsil.* "Archiv. Ital. de Laringologia," January, 1901.

Dr. Prota describes the history and symptoms of this affection at considerable length, and gives an extensive bibliography. The case was that of a woman aged fifty who had suffered frequently from tonsillitis. There was a large pedunculated tumour curved "like an eagle's beak," and growing from a base about 3 centimetres in diameter at the upper part of the left tonsil. There was no pain, and no glandular enlargement. The growth was snared by Professor Massei under cocaine, and was found to have the ordinary structure of a fibroma. *James Donelan.*

NOSE, Etc.

Cholewa, Dr. (Cassel).—*Why do Nasal Polypi recur?* "Monatschrift für Ohrenheilkunde," March, 1900.

The author differs from Hermann, who thinks polypi are always secondary to irritation, generally from pus; and also from Hajek, who thinks the irritation generally starts from the surface of the mucosa, and that the bone-changes are secondary. He directs attention to the formation of new bone occurring after influenza, under the periosteum, which is thickened and vascular, and may contain tiny abscesses and necroses. More frequent than large subperiosteal abscesses such as occur after enteric are superficial erosions of the surface of the bone. The periosteum is thickened and vascular, and easily separable as the result of a kind of subacute osteo-myelitis—rarifying ostitis. In calling this disease caries, Woakes only used the nomenclature of his time, which had not yet distinguished between the specific tuberculous ulcer of bone, true caries, and the eroding ostitis of other infectious diseases. Rarifying ostitis is not the result of inflammation of the mucosa, but rather it is the result or final stage of a long-continued inflammatory process of the lower periosteum. *William Lamb.*

Garrow, A. E.—*Rodent Ulcer of the Nose.* "Montreal Medical Journal," January, 1901.

The patient was a woman, seventy-one years of age. Twenty-two years previously three small nodules developed in the inner corner of the right eye. These broke down and gradually ulcerated, and were followed by a new crop of tubercles on the other side. The sore covered the whole right side of the nose from the angle of the orbit, and extended over to the left side. It was dry, covered with scab, and exuded no fluid. The edge was infiltrated, though not much elevated, and there were no surrounding nodules. It was not painful.

The treatment consisted of removal by the scalpel of the tissues

surrounding the ulcer for at least a quarter of an inch, and the dissecting of the whole of the base of the ulcer from the underlying tissues. Compression was then applied for twenty-four hours to stop the hæmorrhage. After that Nougard's paste was applied for twenty-eight hours. This was followed by sloughing, and the healthy granulating area was treated, the result being a re-formation of healthy skin.

An important point was that the bones were not involved, although the disease had existed for twenty-two years. *Price-Brown.*

McKenzie, Dan.—*Suprarenal Gland Extract in the Epistaxis of Hæmophilia.* "Brit. Med. Journ.," April 27, 1901.

The patient, a boy aged thirteen, was brought to the author on account of persistent nose-bleeding, which had lasted for ten days. Insertion of the speculum into the left—the affected nostril—was sufficient to start the flow, but no bleeding-point could be found. Tannin was given for insufflation, and 5 grains of calcium chloride in water every four hours by the mouth. No effect was, however, produced. The nostril was plugged with just as little success. Three tabloids (5 grains in each) of suprarenal extract were broken up in one ounce of water and allowed to settle. A tampon of cotton-wool was then soaked in this solution, and inserted into the nose. The hæmorrhage was almost immediately arrested. *W. Milligan.*

Schadle, Jacob E. (St. Paul).—*Erosions and Ulcerations of the Triangular Cartilage of the Septum.* "St. Paul's Medical Journal," April, 1901.

Treating first of the susceptibility of the septum to pressure-influence on account of its position, the author divides these influences into traumatic or inflammatory in character, the traumatic being generally due to blows and injuries during the period of childhood. He refers to the high arching of the hard palate as being sometimes responsible for the deviation or malposition of the septum, the phenomenon being explained by the fact that through congenital influences the development of the arch is out of proportion with that of the septum narium, whereby the normal growth of the triangular cartilage is interfered with and a crowding process established.

The pressure-influences from within are, he considers, mostly inflammatory, as, for instance, the irritation set up by the contact of hypertrophied turbinals on the septum producing perichondrial irritation and cartilaginous thickening. He concludes by emphasizing the importance of the early treatment of erosions before ulceration is established, for which purpose he prefers various forms of lubricants preceded by warm alkaline sprays. *St. George Reid.*

Stevenson, David H. (Richmond, Indiana).—*Nasal Diseases and their Differential Diagnosis.* "New York Medical Times," April, 1901.

The paper first deals with the necessity of thorough and careful examination of the nasal cavities and the naso-pharynx; in speaking of diseases of the septum, which the author divides into inflammatory and non-inflammatory, he refers to rhinitis anterior sicca as being the most frequent cause of nasal hæmorrhage, and being probably due to the irritation of dust on a weak, unduly exposed mucous membrane covering the tubercle of the septum. When referring to turbinal affections he draws attention to the frequency of cysts in the anterior end of the middle turbinate. With regard to accessory sinus disease,

he speaks of the great importance of trans-illumination, and calls attention to the numerous cases of persistent neuralgia and reflex neuroses, which are undoubtedly due to sinus affections.

St. George Reid.

Wishart Gibb.—*Polyyp removed from Naso-Pharynx.* "Canadian Practitioner and Review," February, 1901.

This was the report of a case of myxo-fibroma of the naso-pharynx occurring in a man aged twenty-six. It was attached by a short pedicle to the post-septum, and, as is usual in cases of this nature, was single. The growth was lobulated, movable, hard and yellow. The removal was complete, and the probability was that there would be no recurrence.

Price-Brown.

Ziem, Professor (Danzig).—*The Etiology of Malignant Tumours.* "Monatschrift für Ohrenheilkunde," March, 1900.

Chronic catarrh seems to predispose, and sometimes an acute attack, as of influenza. The effect of injury is probably over estimated; details are wanting as to the condition of parts before the injury. Another element is probably always necessary: an infectious irritant such as chronic suppuration, syphilis, erysipelas, influenza, enteric, or malaria. Fœtid nasal (and aural) suppuration seems frequently to have preceded malignant disease. Infections play an essential part in the origin of malignant tumours. Their extraordinary increased frequency in marshy districts suggests the inhalation of some sort of miasma as one element in the causation.

William Lamb.

LARYNX.

Frankenberger.—*On Resection of the Trachea.* "Annales des Maladies de l'Oreille," etc., May, 1901.

The author remarks that during the past year he carried out several experiments in resection of the trachea in dogs. He now brings forward the case of a trachea stenosed from tuberculosis. The patient was a working girl, aged sixteen years, with a family history of tubercle. Tracheotomy had been necessitated in 1898 owing to urgent dyspnoea. On laryngoscopic examination, the larynx was found normal, by tracheoscopy (by Killian's method) there was seen to be a stenosis opposite the fourth or fifth ring forming a sagittal chink 3 millimetres wide. The tracheal mucosa was reddened throughout.

Treatment was at first palliative, by inhalations. Later, catheters (12 to 15 English) were introduced into the trachea, which enabled the patient to breathe with greater facility and more comfort. She left the hospital after fifty days' treatment with the passage enlarged 1 millimetre.

The author gives details of certain experiments on dogs, and suggests that the operation should be performed on the human subject for similar stenoses to the one brought forward.

Macleod Yearsley.

Payne, E. M.—*Whooping-cough Cured by Irrigation of the Nares.* "Brit. Med. Journ.," May 4, 1901.

An account of a case of severe whooping-cough in a boy aged nine. The usual remedies having failed, recourse was had to systematic