

Before the serum treatment, one hundred and twenty-four cases ; dead, eighty-three cases.

Secondary tracheotomy has been necessary twenty-five times, with twenty deaths.

After the serum treatment, seventy-three cases ; dead, twenty cases.

A. Cartaz.

Baudouin, T.—*Intubation in Croup.* Thèse de Paris, 1895.

A COMPLETE description of the method. The original statistics of the author include seventeen cases treated in Rennes's Hospital. Twelve treated by intubation, with eight deaths ; five treated by intubation and antitoxin, with two deaths.

A. Cartaz.

Tsakiris, J.—*Ancient and Modern Instruments for Intubation in Croup.* Thèse de Paris, 1895.

DESCRIPTION of the various instruments and modifications of O'Dwyer's first model. He uses an extractor with metallic loop and tubes of aluminium.

A. Cartaz.

Castelain.—*Chloroform and Tracheotomy.* "Bull. Méd. du Nord," Aug. 23, 1895.

THE author is in favour of anæsthesia in cases where tracheotomy is necessary, and also in cases of diphtheria. He gives rules for administration of anæsthetics and the indications for anæsthesia.

A. Cartaz.

N O S E, & C.

Pascal, A.—*Parasites of the Nasal Fossæ.* "Archiv. de Méd. Milit.," Oct., 1895.

DESCRIPTION of a case of entrance into the nasal passages of *Lucilia hominivorax* larvæ. Intense pains, with purulent and sanious discharge, and destruction of the septum. The cavities were cleaned partly by free sublimate washing, tobacco, and pulverizations of sublimate and iodoform, and partly by direct extraction with forceps. The larvæ amounted to upwards of eighty. Complete cure.

A. Cartaz.

Winslow, J. R.—*A Case of Congenital Osseous Occlusion of the Choanæ.* "American Med. and Surg. Bull.," Feb. 15, 1895.

THE bony occlusion of the choanæ was destroyed by galvano-cautery, curing deafness which had been present for some time.

R. Lake.

Adenot.—*Nasal Osteoma. with Epileptic Seizures.* "Lyon Méd.," April 18, 1895.

THE author relates the case of a young man, aged twenty-seven, suffering for five years with frequent nocturnal epileptic seizures. No syphilis ; no alcoholism ; no results with bromide of potassium in large doses. He found in the right nasal fossa a large tumour, osseous, and completely obstructing the nostril. The tumour was sessile and fixed. Ablation after anæsthesia by vertical osteotomy of the nose (Ollier's method). During a month there was abolition of the epileptiform crisis, which reappeared, but not so frequently, and not so intense. The tumour was an osteogenic exostosis, with chondromatous envelope.

A. Cartaz.

Lacroix.—*Treatment of Spurs and Thickenings of the Nasal Septum.* Thèse de Paris, 1895.

DESCRIPTION of various methods of treatment. The author believes the best is the destruction of small spurs by means of electrolysis, and by electric saws and trephines of the larger thickenings. *A. Cartaz.*

Stamatiadés.—*Treatment of Malignant Tumours of the Nose by the Natural Passages.* Thèse de Paris, 1895.

THE author believes that major operations, with temporary resection of the nose, of the maxillary bone, of the velum, etc., must be reserved for large neoplasms, with extension into the accessory cavities of the nasal fossæ. When the tumour is localized, without these extensions, it can be removed through the nose. The galvanic loop will be the best means for preventing hæmorrhage. *A. Cartaz.*

Clark, J. Payson.—*The Condition of the Nose in Phthisical Patients.* "Boston Med. and Surg. Journ.," Oct. 3, 1895.

After drawing attention to the functions of the nose, especially the turbinates, the author gives the results of his examination of the nose in one hundred healthy and one hundred phthisical cases. Of the former, forty-two showed signs of atrophy, of the latter, seventy-three; and the larynx was affected in thirteen, of which seven were in atrophic cases. The atrophic changes were thought to precede the pulmonary. *R. Lake.*

Rohmer.—*Orbito-Ocular Manifestations in Ethmoidal Sinusitis.* "Revue Méd. de l'Est," July 1, 1895.

THE author relates a case of orbital tumour secondary to an ethmoidal sinusitis, and debates the differential diagnosis of ocular symptoms in various nasal sinusites. Ethmoidal mucocele or suppurative sinusitis will be recognized by a tumour of the internal side of the orbit, œdema of the lids, and specially of the inferior lid, extending to the malar and temporal regions. In ethmoidal sinusitis, troubles from compression of the optic nerve are not so frequent and so premature as in frontal or sphenoidal sinusitis. *A. Cartaz.*

Salva, J.—*Inflammations of the Orbit secondary to Maxillary Sinusitis.* Thèse de Paris, 1895.

THE author describes the orbital complications resulting from empyema of Highmore's antrum. They are osteo-periostitis, acute or chronic, phlegmon of the orbit, and phlebitis of the ophthalmic veins. The inflammation is nearly always the consequence of infectious irritation of the floor of the orbit; the extension by venous thrombosis is comparatively rare. He gives an accurate description of these secondary inflammations. The treatment is necessarily surgical, and can be instituted immediately. *A. Cartaz.*

Lichtwitz.—*Complications of Suppurations of the Nasal Accessory Cavities.* "Journ. de Méd. de Bordeaux," Sept. 1, 1895.

IN one hundred and forty-nine cases of empyema of various sinuses the complications were:—

1. Nose.—Pseudo-ozæna, thirteen times; polypi of the middle meatus, twelve times; caseous coryza, three times; cacœsmia in one-third of the cases.
2. Pharynx.—Frequently pharyngeal catarrh.
3. Ears.—Suppurative otitis, fifteen times; subacute otitis, seven times chronic otitis, fourteen times; tinnitus and murmurs, nine times; vertigo, three times.

4. Eyes.—Dacryo-cystitis, three times ; exophthalmia, twice ; partial atrophic optic neuritis, twice.

5. Nervous system.—Hemicrania or frontal headache, fifty-one times ; trifacial neuralgia, three times.

6. Cutaneous system.—Erysipelas, five times ; eczema, five times ; acne, five times ; seborrhœa, once ; erythema, twice.

7. Broncho-pulmonary system.—Pseudo-phymia, seven times ; asthma, five times.

8. Digestive tract.—Gastric dilatation, four times ; enteritis, three times.

9. Heart.—Pulse slackened, once ; phlebitis, twice. *A. Cartaz.*

Magnus, Madame.—*Clinical Study of Adenoid Growths ; Surgical Treatment ; Post-Operatory Results.* Thèse de Paris, 1895.

GOOD clinical review of the symptoms of adenoid growths. The author advocates surgical treatment, with anæsthesia by means of ethyl-bromide, and indicates the excellent results by the increase of body weight of the children operated upon, and the enlargement of thoracic diameters after the curettage of the pharynx. These mensurations are the original part of this thesis. *A. Cartaz.*

Beausoleil.—*Secondary Hæmorrhage after Ablation of Adenoid Vegetations.* "Journ. de Méd. de Bordeaux," June 9, 1895.

THE hæmorrhage appeared five days after ablation of adenoid tumours in a boy, aged fifteen years, and was considerable and repeated during two days—three or four times a day. The tumours were dense and hard, and very vascularized. Cure. *A. Cartaz.*

L A R Y N X.

Hubbard, D. L.—*Chronic Catarrhal Laryngitis.* "New York Med. Journ.," Aug. 3, 1895.

THE paper is chiefly devoted to the etiology of the disease, the author tracing most cases to infantile nasal obstruction. *R. Lake.*

Merklen.—*A Case of Laryngeal Ictus.* "Bull. Soc. Méd. des Hôp.," Oct. 18, 1895.

THE relation of a case of ictus in a man, thirty-three years of age, without specific lesions ; no alcoholism, syphilis, hysteria, epilepsy or tabes. He has had for some years pulmonary emphysema and catarrhal bronchitis. During the last three weeks he has, twice or three times a day, loss of consciousness, with falling, provoked by fits of coughing. A true laryngeal ictus. No irritation of the throat existed. The symptoms were cut short rapidly, in two days, by antipyrin, in doses of three grammes a day. The author believes that laryngeal ictus is not caused only by disorders of the antral circulation (Garel), but it is also and simultaneously an hyper-excitability of the mucous membrane of the throat and larynx, excitation of the bulbar centres, and consequently spasms of the larynx or true syncope, as is admitted by Armstrong, Cartaz, and others. *A. Cartaz.*

Chappell, W. F.—*Some Interesting Laryngeal Neoplasms.* "Manchester Eye and Ear Hospital Reports, 1895."

A CASE of congenital papilloma of the larynx. Some of the growths disappeared after tracheotomy ; the rest were removed by forceps. (2) Sarcoma of epiglottis