with old history of Lupus." 2. "A Case of Lupus of the Mouth, Fauces, and Larynx." (With microscopic specimens by Mr. WYATT WINGRAVE.)

By Dr. W. MILLIGAN :—1. "The Notes of a Case of Primary Nasal Syphilis." 2. "The Notes of a Case of Primary Abscess of the Larynx."

By Mr. WARD COUSINS :—"Notes of a Case of Deep Abscess of the Neck, followed by Acute Laryngeal Symptoms—Tracheotomy—Recovery."

By Dr. SANDFORD :—1. "Case of Bulbar Paralysis." 2. "Case of Paralysis of Left Vocal Cord, etc., from Injury."

By Mr. WYATT WINGRAVE :—1. "Some Points concerning the Pharyngo-Glossus and Lingual Tonsil." 2. "On some Characteristics (Histological) of Laryngeal Epithelioma." He also demonstrated the following microscopic specimens, etc. :—1. "Lingual Tonsil." 2. "Epitheliomata." 3. Recent specimen. "Membranous Laryngitis" (from a Case of Mr. JAKINS).

A Discussion on "The Necessity for Systematic Voice-Training in Preparing for Public Speaking" was introduced by Dr. SANDFORD, in which the following gentlemen took part :—The President (Mr. LENNOX BROWNE), Dr. FARQUHAR MATHESON, and Dr. DUNDAS GRANT. Mr. BEHNKE made a few remarks. The official report of this meeting will be published in the May number of this Journal.

Dr. DUNDAS GRANT has been appointed Otologist and Laryngologist to the West End Hospital for Nervous Diseases, London.

NOSE AND NASO-PHARYNX, &c.

Bull (New York).—*Tumours of the Orbit, secondary or consecutive to Tumours of the neighbouring bony cavities.* "New York Med. Journ.," Dec. 19, 1891.

THESE tumours are either fluid or solid. The former almost always arise in the frontal sinus or ethmoid cells and contain pus or mucus ; the latter are either solid or densely gelatinous, are always malignant, and arise in the maxillary, sphenoid or ethmoid antrums. Finally, a by no means uncommon growth in this locality is a bony tumour, or real ivory exostosis, arising from the bones surrounding the orbit.

Referring to the diagnosis of abscess of frontal sinus, the author has seen cases where there was never any pain during the development of the abscess. If with local pain there is coryza, ozæna, or purulent discharge from one nostril and the frontal boss is painful and protruding, and if the eye is displaced downwards and outwards, the lesion is almost certainly in the sinus, but may not be abscess.

The incision for the tapping of a frontal abscess should start from the inner canthus, immediately beneath the superior orbital arch, be carried

directly outward, for an inch and a half to two inches, so that the wall may be easily opened. The cavity should be explored with the finger and washed out with antiseptic solutions. The re-establishment of the channel of communication between the sinus and the nasal fossa may be made by opening into the ethmoid cells by chisel, mallet or trephine, or by introducing a catheter through the fronto-ethmoidal canal and then a drainage tube through the nose. The author thinks that in the many cases of nasal disease in which orbital abscess is observed the inflammatory process extended from the nose to the ethmoid cells and thence to the orbital tissue. The reverse may also be the case.

A fairly complete account of the various tumours that occur in the situations under discussion, and the symptoms caused by each, complete a valuable paper. *Barclay J. Baron.*

Ziem (Danzig).—*Illumination of the Antrum of Highmore.* "Berliner Klin Woch.," 1891, No. 48.

POLEMICAL article. *Michael.*

Luc (Paris).—*Case of Empyema of the Antrum of Highmore, caused by Erysipelas Cocci.* "Deutsche Med. Woch.," 1892, No. 8.

COMPARE the report on the meeting of the Laryngologische Gesellschaft. *Michael.*

Killian (Freiburg,).—*My Experiences on Suppuration in the Antrum of Highmore.* "Münchener Med. Woch.," 1892, Nos. 4, 5, and 6.

THE author reports forty cases which he observed in the last forty years. Many of the patients had coryza. A large number had a discharge of pus from one side of the nose. There was often a strong fœtor with the pus. Very often the patient had severe pains, but nothing characteristic—pain often found in the whole side of the face, frequently beginning with caries of the teeth. In some instances hypertrophy of the anterior lip of the hiatus is observed. Differential diagnosis is sometimes possible between it and suppuration in the frontal bone. Both affections may be combined. Probes can easily be passed into the antrum. In operating, the author prefers to perforate higher than the canine fossa, namely, under the zygomatic arch. Irrigation and free drainage recommended. A chisel to be used if required. *Michael.*

Bates, W. H. (New York).—*A Case of Nasal Reflex Asthenopia.* "Med. Rec.," Feb. 27, 1892.

THE patient had severe asthenopia, unfitting her for study or work, and unaffected by tonic or other treatment, the refraction of the eyes being normal. A pointed spur on the septum was cocainized, and the asthenopia relieved for the ten minutes that the effect of the cocaine lasted. The spur was then removed, and continuous comfort followed. Unfortunately after some months the nose was injured, and the asthenopia returned. On examination a projection was seen at the seat of the former operation. This was removed, and complete and lasting relief has resulted.

Dundas Grant.

Cheatham.—*Some Cases of Nasal Surgery.* "The American Practitioner and News," Jan. 2, 1892.

THIS paper pleads for accurate surgery in the nose and naso-pharynx in hay asthma, mouth-breathing, and antral abscess. *Barclay J. Baron.*

Laker (Graz).—*Massage of the Mucous Membrane of the Nose.* "Präger Med. Woch.," 1892, Nos. 4, 5, and 6.

REVIEW of the book of the author. (Compare 1891.) *Michael.*

Sauer (Berlin).—*Soft Rubber for Erection of Lateral Curved Noses. Dilatation of Stenosed Nasal Cavities and Fabrication of Artificial Noses.* "Deutsche Zeitschrift für Zahnheilkunde," 1891.

COMMUNICATIONS on the application of the soft rubber for the said purposes, and details on its *technique.* *Michael.*

Rohrer (Zurich).—*Rhinolith.* "Wiener Med. Woch.," 1892, No. 5.

A RHINOLITH of 0·71 gramme weight was removed from a patient twenty-nine years old. Neuralgia of the right trigeminus and inflammation of the ear of the same side disappeared, but recurred a short time later. *Michael.*

Stillman, Frank L. (Columbus, O.)—*Two Cases of Rhinal Discharge.* "Med. Rec.," Feb. 13, 1892.

THE first was a typical case of antral empyema arising from dental disease, and cured under the usual treatment. The second had similar symptoms. On examination the pus was found to be exuding above as well as below the middle turbinated body, and the flow was increased by forward, and not by lateral, inclination of the head. Electric transillumination excluded antral disease, and absence of frontal pain excluded frontal sinus affection. The disease was, therefore, probably in the ethmoidal, and possibly the sphenoidal, cells. Treatment—galvanocautery, douches, etc.—relieved her from migraine, but did not lessen the discharge. *Dundas Grant.*

Townsend (New York).—*Proximate and Remote Effects of Nasal Obstruction.* "Journal of Ophthalmology, Otology and Laryngology," Oct., 1891.

NOTHING new; the author believes in nasal obstruction rather than in a neurotic constitution as being the main cause of hay fever.

Barclay J. Baron.

Joins.—*Glycerine-cotton Pledgets in Atrophic Rhinitis.* "Journal of Ophthalmology, Otology and Laryngology," Jan., 1892.

THE pledget is introduced once or twice a day, it is left in the nostril for ten minutes and then the pledget is got rid of by blowing the nose, which, as long as there is a flow of mucus, must be repeated.

Barclay J. Baron.

Leal.—*Some Observations in Hay Fever.* "Journal of Ophthalmology, Otology and Laryngology," Oct., 1891.

THE author is a sufferer from the disease and is apparently a homœopath, and holds very gloomy views of the possibility of curing the malady by

known methods of treatment by drugs. Surgery is evidently a weak point with him, as he does not mention surgical interference with overgrown mucous membrane, etc., which is in most cases needed.

Barclay J. Baron.

Loebinger.—*Terpine Hydrate in the Asthmatic Stage of Hay Fever.* "New York Med. Journ.," Dec. 12, 1891.

THE author highly recommends the use of this substance, which is made of turpentine oil acted on by alcohol and nitric acid, in doses of fifteen minims, three times a day, in a capsule, in cases of the asthmatic seizures of hay fever. The patient's condition improves almost immediately after the first dose, the asthmatic wheezing yielding. A copious flow of fluid expectoration takes place. The drug may be safely administered in doses of sixty minims per diem even where there is kidney mischief present.

Barclay J. Baron.

Whiting (New York).—*The Treatment of Hypertrophied Turbinated Bones by means of Flap Operation.* "New York Med. Journ.," Dec. 12, 1891.

THE author first reviews the various methods of treating hypertrophy of the middle turbinated at present in vogue and suggests the procedure described as "flap operation," because he thinks that all these methods are essentially wrong, in that they cause loss of important mucous membrane. The trephine worked by electric motor is so applied to the lower edge of the bone as to drill out a piece, leaving the mucous membrane next the septum intact. This piece of tissue is then folded over the inferior cut edge of bone, it is kept in position by means of a small plug of cotton smeared with vaseline, and under antiseptic precautions heals by first intention. Button-holing of the flap may occur, but is not followed by sloughing, and should the septum so deviate towards the nostril operated on as to cause it to be cut by the trephine it can easily be prevented from adhering to the middle turbinated.

The advantages alleged for the operation are :—

1. That the minimum amount of traumatism is inflicted upon the nose, and very little mucous membrane is removed.

2. That union by first intention occurs, and so the production of a mass of cicatricial tissue is avoided. *Barclay J. Baron.*

Miller, Frank E. (New York).—*Gottstein's New Improved Curette for the Removal of Adenoid Vegetations from the Vault of the Pharynx.* "Med. Rec.," Feb. 20, 1892.

THE improvement described is now well known in this country, and consists in a curvature of the working extremity on the flat, so that the edge cuts more in an antero-posterior direction than in the original form. [It is certainly a very safe instrument, but not well adapted for "searching" the fossæ of Rosenmüller, nor indeed for getting in front of the adenoid masses extending forwards under the arches of the choanæ. In the former regard it would often require to be supplemented by the finger-nail or Meyer's ring curette ; and in the latter, either by these or by the heart-shaped modification of Gottstein's curette, which penetrates into the choanæ on each side of the septum.] *Dundas Grant.*

Clive (Indianapolis). — *Surgical Treatment for Nasal and Naso-Pharyngeal Reflexes.* "The American Practitioner and News," Jan. 2, 1892.

THIS paper was read before the Mitchell District Medical Society, and dealt principally with hay fever. The author and those who discussed the question agreed in looking on accurate nasal surgery as being of prime importance in such cases. Removal of a polypus from the naso-pharynx was said to have caused "the nervous system to become in a tonic, clonic spasm," and the patient was confined to his bed for six months. [Serious work this !] *Barclay J. Baron.*

Ashhurst (Philadelphia).—*Tracheotomy for Obstruction of the Pharynx, with Removal of Mucous Polypi from the Nose.* "Med. News," Jan. 16, 1892.

THIS was the case of a boy, seventeen years of age, who nearly died of asphyxia from an immense polypus blocking up nearly the whole of the space behind the tongue, and also extending to about two inches from the incisor teeth. Tracheotomy was performed to save life. Later on, a polypus, the size of a hen's egg, was removed from the posterior part of the middle turbinated bone of the left nostril, by means of a wire guided through the anterior nares to the naso-pharynx by means of a Bellocq's canula. At the same time a larger polypus was removed in fragments from the right nostril. He was discharged practically well, after repeated cauterization of the stumps of the polypi and the turbinated.

Barclay J. Baron.

Teets (New York).—*The Pharyngeal Tonsil or Treatment of the Naso-Pharynx.* "Journal of Ophthalmology, Otology and Laryngology," Oct., 1891.

THE writer prefers Curtis' cutting forceps for removal of growths in the naso-pharynx. *Barclay J. Baron.*

MOUTH, TONSILS, &c.

Becker.—*Contribution to the true Cerebral Glosso-Labio-Pharyngeal Paralysis.* Virchow's Archiv, Bd. 124, p. 334.

THE author relates a case of this disease in which, on *post-mortem*, no disease of the pons and no atheromatous degeneration of the cerebral arteries were found. There was multiple sclerosis in the cerebral hemispheres and descending degeneration of the pyramids. *Michael.*

Kitchin, J. M. W. (New York).—*Tonsillotomy and its Therapeutic Efficacy.* "Med. Rec.," Jan. 16, 1892.

DR. KITCHIN always uses the guillotine and has beside him a basin of cracked ice to check the hæmorrhage, nothing further having in his experience ever been necessary. Tonsillotomy will almost entirely prevent attacks of follicular, as well as peritonsillar inflammations. [The practitioner when advising tonsillotomy should never forget the "almost."—D. G.] In a number of patients he had removed one tonsil and every