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

one returned to have the operation repeated on the other one, because they found immunity from throat troubles on the excised side, while suffering repeatedly on the other. He deprecated postponing the operation till the end of an attack of quinsy, and insists on its performance at the outset. He appends the following list of ailments which this operation will remedy, and considers that more might be added :—"Anæmia, "chorea, and other effects due to insufficiently aerated blood ; noisy "respiration, snoring, cough peculiar to the condition, impaired voice and "articulation ; shortness of breath, palpitation of the heart, and spasm of "the glottis ; broken sleep, nightmare, difficulty in swallowing, bad "breath, disturbances of digestion, and impaired taste ; mouth-breathing "and facial deformity ; hyper-secretion of mucus and post-nasal catarrh ; "impaired nasal respiration and hearing ; sometimes local pain, follicular "pharyngitis and laryngitis." [Rather a "large order" !]

Dundas Grant.

Meyer (New York).—*Excision of the Right Tonsil, the Pharynx, and the Tongue for Sarcoma.* "New York Med. Journ.," Jan. 30, 1892.

THE operation was performed according to Miculicz's method, and the patient can now masticate and swallow well, and can articulate sufficiently well to make himself understood. *Barclay J. Baron.*

Rebitzer.—*On Carcinoma of the Œsophagus.* Nürnberg, 1889.

In twenty-nine cases—twenty-five primary, and four secondary cancers—the tumour was found most often in the lower part of the œsophagus—twenty-one in men and eight in women. *Michael.*

Richardson.—*A Case of Total Obliteration of the Œsophagus, throughout the greater part of its Course of Doubtful Origin—External Œsophagotomy and Attempts at Dilatation—Death.* "Boston Med. and Surg. Journ.," Jan. 21, 1892.

THIS was a patient, three years old, who had had increasing difficulty in swallowing for six months. The operation was performed, a firm, fibrous stricture was exposed at the level of the sterno-clavicular articulation, which was dilated, and milk and brandy passed through a catheter. The child died, and the food was found in the right pleural cavity, having passed through a false passage. The autopsy revealed complete obliteration of the gullet for nearly its whole length, the cause of which is not, however, stated. The author believes in the feasibility of exposing, in children, an œsophageal stricture situated five inches below the incisor teeth. He also thinks that, judging from the ease with which he made a false passage, we ought to be extremely careful in such cases. He considers it unjustifiable to attempt any radical dilatation of benign strictures situated within reach of the finger, without first exposing the parts by external incision. *Barclay J. Baron.*

Chappell, Walter F. (New York).—*Treatment of Œsophageal Stricture by Permanent Tubage.* "Med. Rec.," Feb. 20, 1892.

EVEN when the disease has ulcerated through into the trachea Dr. Chappell considers that a long feeding-tube can be passed if a short tube

has been used, as in such a case the œsophagus rarely becomes completely closed. He has found the permanent short tube beneficial in cases of traumatic and of hysterical stricture. He prefers the tube to be open at the tip. Before introduction the tube should be washed in carbolic solution and smeared with vaseline, and the patient should swallow "two or three teaspoonfuls of a one per cent. solution of olive oil and cocaine." Instead of bringing the thread attached to the tube out through the mouth, he draws it through the nose by means of a soft rubber catheter introduced through the nostril into the pharynx. The "gastrotomy" alluded to in this excellent, practical paper as preventible is no doubt a *lapsus calami* for "gastrostomy." *Dundas Grant.*

LARYNX, &c.

Holmes, Gordon (London).—*Acute Catarrh of the Larynx.* "Lancet," Feb. 6 and 13, 1892.

THE literature of the disease is briefly sketched, and the symptoms, both subjective and objective, are described, the nocturnal character of the "laryngitis stridulosa" of children being specially referred to. The writer thinks that getting the feet wet has been somewhat over-rated as a cause of acute laryngeal catarrh. The nocturnal attacks of dyspnœa and stridor characteristic of the disease in children is attributed by Dr. Holmes to spasm of the constrictors of the glottis, not to agglutination of the cords by viscid exudation (Niemeyer and Mackenzie), nor to the narrowness of the child's glottic chink, aided by the relaxation of respiratory action which occurs during sleep (Krishaber). The suddenness and evanescent character of the attacks distinguished the disease from true croup, and, furthermore, the resonant cough is evidence of the absence of exudative membrane, the presence of which would muffle the sound. Later, of course, when the membrane is thrown off a ringing "croupy" cough is possible. The practitioner is warned to keep before his mind the possibility of some small toy which the child has had in its mouth while going to sleep being drawn into the air-passages and setting up a form of obstruction, the symptoms of which might readily be mistaken for those of laryngitis.

The prognosis in professional voice-users has to be more guarded than in others. The paper concludes with an approving description of the classical methods of treatment. *Dundas Grant.*

Wright.—*Four Cases of Tubercular Laryngitis.* "Journal of Ophthalmology, Otology and Laryngology," Oct., 1891.

THERE is nothing special in these cases, one of which, however, improved after tracheotomy, as is often seen. *Barclay J. Baron.*

Scholefield, R. E. (London).—*A Case of Herpes of the Larynx.* "Lancet," Jan. 30, 1892.

A MAN, aged forty-nine, was attacked with a feeling of "tightness" in