Coryza—MAX NASSANER—*The Penn. Med. Journ.*, October, 1899.

To abort an incipient attack of coryza, a weak, pale, pink solution of potassium permanganate is recommended. The nostrils are to be well rinsed with the solution. After drying the nostrils, a small plug of cotton is inserted far back in each side of the nose, and the cavities are then filled with the solution, the head being held back. The plug saturated with the solution is left in position for an hour, when it is to be expelled by blowing the nose.

E. D. LEDERMAN.

Hay Fever and Acute Coryza—B. J. WETHERBY, Wilkes-Barre—*Medical Council*, November, 1899.

The author calls attention to a new and very serviceable application of heroin, namely, its use in the treatment of hay fever and coryza. In these conditions he recommends the following formula:

Heroin	1 grain
Atropiæ Sulph.	$\frac{1}{25}$ grain
Caffeine Cit.	15 grains
Salophen	75 grains

M. Ft. Caps No. xv.

In the author's own case of hay fever one capsule was sufficient to relieve the sneezing and the profuse nasal secretion, and four capsules a day kept him perfectly comfortable. Since this favorable experience Dr. Wetherby has prescribed the same treatment in a number of cases of coryza and hay fever with equally positive results in every instance. He believes that by its use we can promise immediate relief to the large army of coryza patients so common at this season of atmospheric changes.

A Peculiar Case of Nasal Obstruction—LIM BOON KENG, Singapore—*Scottish Med. and Surg. Journ.*, October, 1899.

This somewhat unique case is of interest. While the patient was bathing a leech slipped into one of his nostrils; he had been unable to dislodge it, but found that when some fresh water was applied to the nostril, the leech elongated itself and moved about. When seen by Dr. Keng three months had elapsed since the leech had entered, and the patient had all the appearance of a man who had lost a quantity of blood. A pair of artery forceps was applied to the leech's tail and a few drops of chloroform were inhaled which caused the animal to drop out.

A. LOGAN TURNER.

Muco-Fibrous Polypus—*Proceedings of Toronto Clinical Society*
—D. J. GIBB WISHART—*Canadian Practitioner and Review*,
December, 1899.

The patient was a boy eight years of age. Numerous previous attempts had been made to clear the nose of polypi before the child was entered in the Children's Hospital. Under chloroform and through the left anterior naris a muco-fibrous polypus three and one-

half inches in length was removed with the cold wire snare. The polyp was attached to the middle turbinated bone, in the usual situation, and no others were discovered, although the boy was kept under observation for four months. The boy's face is peculiar in appearance owing to a lack of development in the ethmoid bone and a distinct sinking in the region of the frontal sinus. The palate is highly arched and the incisor teeth overlap at their inner inferior angles. There is double dislocation of the lens. Hereditary syphilis was suspected, but not definitely marked. GIBB WISHART.

Essential Anosmia—REUTER, Bad Ems—*Archiv. für Laryngologie*, Band ix, Heft 3, 1899.

The author divides anosmia into three classes:

1. That accompanying total extirpation of genuine nasal polypi.
2. That accompanying chronic ethmoiditis.
3. That accompanying ozena,

Under the first heading he refers to those cases where anosmia remains strongly marked in spite of the fact that the olfactory fissure has been cleared out as thoroughly as possible. In these cases where the fissure is to all appearances perfectly open and pervious, he thinks that the anosmia is perhaps due to the fact that it is impossible to remove every vestige of the growth when situated very high up, and hence the passage may still be somewhat obstructed although it does not appear to be so. One observation made by the author deserves notice. He thinks he has observed in his cases that whenever the anosmia persists after a thorough removal of polypi in that case the polypi will certainly recur. The reverse also holds true. This will be a valuable sign for the practitioner if further observation proves it true.

In the case of anosmia accompanying ethmoiditis it should be remembered that the sensitive epithelium extends only over the superior turbinals and the neighboring portion of the septum, so that the anterior ethmoidal cells alone are affected that simply to clear the way to the olfactory region would restore the sense of smell, and this seems to be the fact according to clinical observation.

The most frequent form of essential anosmia seems to be that which accompanies ozena. In many cases it is found that if the nostril be very thoroughly cleared of crusts and the way to the olfactory fissure laid open, the sense of smell will return. On the other hand in advanced cases of ozena the complete loss of smell makes it probable that the tissues of the olfactory region have shared in the atrophic changes, and the resulting organic condition is permanent. VITTUM.

The Ethmoid Bone and Nasal Catarrh—ARTHUR F. SUMNER—*Journ. of Med. et Science*, November, 1899.

Attention is called to the anatomy of the ethmoid bone in an curtailed manner. The opening of the cells and the cells themselves are so small that in an acute inflammation of this region, drainage is