

milk in the preparation of I in 30 insufflated twice daily; as the condition improves the proportion of collargol and the frequency of the insufflations are lessened. The powder acts better than solutions or ointments, and improvement amounting to a cure has resulted in four or five days. A little of the powder should be insufflated along the floor of the inferior meatus, so as to reach the posterior wall of the pharynx, and also some directed towards the septum and superior turbinate.

Anthony McCall.

Mignon (Nice).—*Catarrh of the Frontal Sinus, with Obstruction of Frontal Canal.* "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," December, 1903.

Dr. Mignon records a case of a woman, aged thirty, who complained of great pain in the region of the left frontal cavity; transillumination showed the left side darker than the right. Treatment by local application of cocaine, inhalations of menthol, and washing out by means of the catheter gave no satisfactory relief. On opening the frontal sinus only mucous secretion was present; drainage *viâ* the nose was made good, the external wound healed by first intention, and the patient was cured. The author believes that in most cases the mucous precedes the purulent stage, and such cases should be treated early.

Anthony McCall.

TRACHEA.

Neumann.—*Syphilis of the Trachea and Bronchi.* "Wiener Klinische Rundschau," January 3, 1904.

Specific disease of the trachea and bronchi has been often observed as a symptom of late syphilis either along with gummata of the larynx or without any other such tertiary symptom.

Gummata of the larynx tend to break down, and the cartilage becoming involved leads to necrosis, luxation, or fracture. The healing of these ulcerations brings about the formation of fibrous-tissue bands and cicatricial protuberances of the mucous membrane with resulting narrowing of the lumen. Serious dyspnoea may afterwards ensue, and with the bronchi also affected a condition of tracheal bronchial stenosis may exist. Such a condition may, rarely it is true, be secondary—a packet of enlarged, hard, lymph-glands pressing on the trachea and bronchi.

Besides the danger of death being caused by suffocation, there is a case of fatal hæmorrhage reported by the ulceration extending into a branch of the pulmonary artery, and a phlegmonous inflammation in the anterior mediastinum from ulceration at lower end of trachea has been observed.

Tracheotomy has in many cases been very unsatisfactory, but of fourteen cases collected together by Vierling, in each of which tracheotomy was performed, twelve died.

As yet laryngologists regard as somewhat uncertain operations for removing the cicatricial bands and connective-tissue protuberances in the trachea or bronchi. Such operations are difficult because of their situation and because of the great tendency to an early recurrence of adhesions and new band formations, etc.

Neumann describes in detail an interesting case of multiple tracheal stenosis with bilateral bronchial stenosis.

A. Westerman.