Richards, G. L.—*The Technique of Tonsillotomy.* "Charlotte Med. Journ.," October, 1898.

When hæmorrhage occurs after tonsillotomy, all the usual hæmostatics are nasty and unsatisfactory, except hot water and ice. If there is simply persistent oozing, use a gargle of a 25 per cent. solution of peroxide of hydrogen in hot water. If this is insufficient, soak a pledget of cotton in pure peroxide and apply pressure directly to the cut surface of the tonsil. If there is spurting of blood, wipe the surface quickly with a bit of cotton and seize the bleeding-point with long-handled hæmostatic forceps. Should no hæmostat be at hand, pressure of a piece of cotton under the thumb with the corresponding finger on the vessels of the neck will usually suffice to quickly stop the bleeding.

Middlemass Hunt.

NOSE.

Ball, James B.—*The Indications for Operation in Cases of Adenoid Vegetations of the Naso-pharynx.* "The Clinical Journal," December 28, 1898.

Any one of the following conditions constitutes an indication for operation: (1) Habitual mouth-breathing in a child, which has been going on for a considerable period and shows no sign of improvement. (2) Noisy, laboured breathing, or suffocative attacks at night, especially in young children, even though not habitual mouth-breathers in the day. (3) If a child is deaf, or subject to attacks of deafness or earache, or has a chronic otorrhœa. (4) Repeated attacks of bronchitis, or the presence of asthmatic symptoms. (5) A persistent cough without bronchial symptoms. (6) Repeated colds in the head of a severe and prolonged character, or a chronic nasal catarrh, or purulent rhinitis not yielding to simple treatment. (7) Paroxysmal sneezing and hay-fever symptoms. (8) In nocturnal enuresis, chorea, and epilepsy, although none of the foregoing indications are present, operation may sometimes be done, rather to remove all possible sources of irritation than with any distinct promise of benefit. *Middlemass Hunt.*

Brown.—*Bleeding Polyp of the Nasal Septum.* The "Laryngoscope," March, 1899.

The author reports a case of daily epistaxis due to a polyp as large as a pea attached to the anterior part of the septum by a small pedicle. The growth was snared and the base cauterized. *R. M. Fenn.*

Fisher, J. H.—*A Case of Diffuse Cellulitis of the Orbit, secondary to Empyema of an Ethmoidal Air-Cell.* "St. Thomas's Hospital Reports," 1897.

Despite a statement by Caldwell in the *Medical Record* for 1893 that "numerous cases are recorded of orbital periostitis and cellulitis from extension or infection from purulent ethmoiditis," Fisher is only able to find one authentic case recorded.

The present case is one of a labourer, aged seventeen, who came to St. Thomas's Hospital with a brawny hard swelling and dusky-red discoloration of the upper lid of the left eye and marked proptosis, the globe being displaced downwards, forwards, and slightly outwards.

There was a doubtful history of a small discharging abscess in the left upper lid three years before, and the boy was suspected to be suffering from congenital syphilis.

The boy was at once admitted, and a deep incision was made in the orbit through the upper lid. Some pus was evacuated, and a drainage-tube inserted. Instead of improving, however, there was no diminution in the proptosis; the upper lid appeared about to slough, and the boy became drowsy, with severe pain in the head, and the pulse was slowed. The depth of the orbit was again incised; no pus was observed, but there was some improvement.

Five days after the first operation a sinus formed spontaneously from the depth of the orbit, with an orifice in the skin near the inner canthus. The proptosis at once became less, and there was general improvement; but as the sinus failed to heal, it was enlarged and explored. It was found to lead down to bare bone, and one or two holes leading into the ethmoidal cells. Through one of these a probe and then a drainage-tube was passed into the left nostril, and the cavity drained through the nose. The case then did well. The maxillary antra and the frontal sinuses were transilluminated, with negative results. *Atwood Thorne.*

Grossman, F. (Berlin).—*Contribution to the Pathological Histology of the Antrum of Highmore.* "Archiv für Laryngologie und Rhinologie," Bd. viii., Heft 2.

In examining polypoid vegetations removed from the antrum of a patient operated upon for empyema, the author stained some sections according to Gram's method, but could find neither staphylococci nor streptococci. On the other hand, numerous dark blue globules of all sizes were brought into view, which he at length proved to be the hyaline bodies lately described by Hansemann. These bodies have been met with by Seifert and Polyak in hypertrophied nasal mucous membrane, but mention of their presence in the antrum has been made by Lubarsch only. They lie in the subepithelial layer, which is markedly infiltrated with round cells, while in the deeper, more œdematous parts they appear only singly. Between the epithelial cells they are rarely found. Their size varies from the smallest forms—which, however, are always somewhat larger than staphylococci—to considerable globules or rather discs, their true shape being discoid.

The proliferating cells of the subepithelial layer of the mucous membrane are often seen to contain small, red-coloured globules which push the nucleus to the side. Sometimes single cells are enlarged, the plasma being coloured red. These appearances indicate that the proliferating cells have to do with the formation of the fuchsin bodies, and the author therefore does not agree with Seifert and Polyak, who regard them as resulting from a colloid metamorphosis of infiltrated round cells. Other theories of origin are referred to. *A. B. Kelly.*

Hajek, Dr. M.—*Headache in Diseases of the Nose and Accessory Sinuses.* "Munchener Medicinische Wochenschrift," No. 10, 1899.

Headache is frequent in the course of these diseases. It either depends directly on the nasal disease, and disappears with its cure, or the nasal condition predisposes to headache. Apart from ulcerative processes, two affections of the nose come under consideration, disease of the accessory sinuses and hypertrophic changes of the nasal mucous membrane. The former, acute and chronic, are more frequent and of

more importance. In disease of the accessory sinuses, headache may be of neuralgic nature or of an indefinite character (frontal, vertical, feeling of pressure or numbness), or, according to some authors, hemicrania. The former occurs mostly in acute, the latter in chronic, disease. The neuralgic pains in acute empyema of the antrum or frontal sinus may be in the infra-orbital, superior-dental, or supra-orbital nerve. They last the whole day, or become more acute at certain times. In disease of the antrum neuralgic pains are not so typical as in that of the frontal sinus; in the latter in the acute stage pain is intense.

Supra-orbital neuralgia in empyæma of the antrum may be due to an overlooked sinus affection or abnormal division of the trigeminus.

Headache is sometimes absent in chronic empyæma, in spite of marked implication of the antral mucous membrane, less frequently in empyema of the frontal sinus, or headache may be the dominating symptom. In the cases where it is absent it may occur when the condition is aggravated by coryza, mental or physical disturbances, or abuse of alcohol. General examination should never be neglected, especially where an empyæma has been treated. According to his experience, there is no etiological connection between empyæma and hemicrania.

In conclusion, he refers to hypertrophic processes which produce many forms of headache (peculiar heaviness in the head, inaptitude for mental work, etc.). Simple hypertrophies are seldom the cause of headache. An exception is a form where the tuberculum septi is enlarged and takes on a dense character; if, in addition, the middle turbinate is hypertrophied, so that it presses on the opposite wall of the olfactory fissure, the patients complain of heaviness in the head and pressure at the root of the nose. *Guild.*

Halasz.—*On the Application of Hydrogen Peroxide in Rhinology and Otology.* "Wien. Klin. Rundsch.," No. 42, 1898.

The author recommends hydrogen peroxide as a very good remedy in chronic suppurations of the middle ear; also for operations on polypi of the nose as a very good styptic. *R. Sachs.*

Halasz.—*Sinusitis Maxillaris Serosa.* "Wien. Klin. Rundsch.," No. 46, 1898.

Report on ten cases of sinusitis maxillaris serosa. The symptoms are nearly the same as in empyema of the antrum. Sometimes the patients complained only about neuralgia, supra- or infra-orbital, or coryza. Even in cases where the patients only complained of obstruction of the nose, without other symptoms, the author recommends a puncture of the antrum through the meat. nas. inf. and aspiration of the serous liquid in the antrum. *R. Sachs.*

Hellat.—*Adenoids in Adults.* "Petersb. Med. Woch.," Nos. 25, 26, 1898.

Report on some cases, between eighteen to thirty-five years of age, with symptoms of adenoids. Operation with modified Gottstein. The author says that in a great many cases of patients over twenty years there are adenoids which must be operated upon. *R. Sachs.*

Kuyk.—*The Influence of Nasal Occlusion over Cerebration.* The "Laryngoscope," March, 1899.

After mentioning the effect of obstructed respiration in children, the author refers to the lack of appreciation by many medical men of

the anatomical and physiological importance of the nose and of the possible results of nasal disease. Many of the accessory cavities are in very close relation to the brain. The author gives the symptoms due to acute coryza, and describes the following as due to chronic nasal occlusion: More or less constant torturing headaches, constant dryness of the mouth and throat, asthmatic symptoms caused by the tongue falling back during sleep, and fatigue and shortness of breath caused by active exercise. Lack of oxygenation and mental distress weaken the system; fugitive pains are felt, causing the patients to become morbid. The mental condition is first a temporary confusion of ideas and then mental apathy. Such patients are thin, anæmic, weak, nervous, and probably hysterical, and require tonics, removal of offending growths and hypertrophies, and positive mental suggestion.

The first case was aged forty-nine, and had the appearance of mental disturbance. He complained much of nasal discharge entering the throat, blocking of the nose (for two years), shortness of breath, pain in the head, and a feeling that he was going crazy.

Examination revealed dense hypertrophy of both middle and inferior turbinates, muco-purulent secretion in the pharynx, and evident disease of both antra and of the frontal sinuses. He denied syphilis. The nose and pharynx were cleansed on two occasions, but the second night the patient, in despondency, committed suicide.

The second case is that of a railroad engineer, aged forty-seven; for fifteen months suffering with constant headache. Complained of stoppage of nostrils and nasal discharge, specially into the throat, preventing sleep and causing nausea and vomiting; appetite lost; reduced in flesh and strength; had become nervous and irritable; was hoarse and quickly out of breath. Failing memory made him renounce work. Expression showed mental disturbance; tremulousness of hands, head, and tongue. Had had syphilis twenty-five years ago. Both nostrils so occluded by hypertrophy of middle and inferior turbinated bodies that no air could be forced through. Pharynx covered with tenacious mucus; lingual tonsil much enlarged. On right vocal band anteriorly there was a papilloma. Anti-specifics produced no result. Improvement began quickly on removing nasal hypertrophies. In three weeks he returned to work free from pain, mental aberration, or other discomfort.

The third case is that of a merchant, aged thirty-eight, who complained of stoppage of the nostrils for three years (complete one year) with usual accompanying symptoms. He had become so nervous and irritable that he contemplated giving up business and seeking a beneficial climate. He had a very large polyp in the left nostril, and hypertrophy of the right middle and inferior turbinated bodies. After the removal of all offending masses, and treatment with valerianate of quinine, iron, and zinc, he was comparatively well in three weeks.

R. M. Fenn.

Röpke (Solingen).—*The Radical Operation in Chronic Catarrhs and Suppurations of the Upper Accessory Cavities of the Nose.* "Archiv für Laryngologie und Rhinologie," Bd. VIII., Heft 2.

The author briefly sketches the recent history of the subject, and describes the operations that have been proposed.

He has employed Kuhnt's method, which consists in making an incision along the inner two-thirds of the supraorbital margin, and another vertical close to the middle line; the flap of skin and

periosteum is raised, and the whole anterior wall of the sinus is removed. This allows of the thorough removal of the lining membrane. The flap is replaced and sutured, excepting for a short distance at the inner end, where a drain is introduced.

In the author's experience the ethmoid is usually affected in these cases, and in performing a radical operation on the frontal sinus provision must also be made for clearing out the ethmoidal cells.

The objection to the operations hitherto proposed is that they do not sufficiently take into account the ethmoid, hence the author has modified Kuhnt's operation, so that after removing the lining membrane of the frontal sinus, he makes a wide passage from the floor of the sinus to the ethmoidal cells, and clears them out as far as is necessary. The opening is then packed with iodoform gauze, an end emerging at the inner extremity of the eyebrow.

If both frontal sinuses are affected the horizontal incision is carried to the outer third of the supraorbital margin on both sides, and the vertical incision is made in the middle line. The flaps are reflected, and the entire anterior wall of both frontal sinuses together with the septum are removed. The prominent pars nasalis of the frontal bone is also taken away, so that after the flaps are stitched in place a good cosmetic result is obtained.

The author has operated on twelve patients, of whom eleven suffered also from ethmoidal disease. In six the frontal sinus affection was bilateral, and in two of these the ethmoid was diseased on both sides. Suppuration of the antrum was present in five instances, once bilateral, associated with bilateral frontal sinus disease, twice on the same side as the affected frontal sinus, and twice on the other side. In nine cases polypoid vegetations or mucous polypi were present in the middle meatus of the diseased side. In six cases there was atrophic rhinitis. The disease had been present in all the cases for several years. In three instances influenza was the cause, in two acute rhinitis, and in one typhus, pneumonia, and an injury, respectively. In four cases the etiology could not be determined.

The chief symptom was pain in the neighbourhood of the affected sinus and behind the eye. All the patients, with one exception, complained of nasal obstruction and discharge. Six suffered from giddiness; four from nausea; one had fainting fits; three complained of temporary double vision and a tired feeling in the eyes.

In every case there was tenderness on pressing on the anterior, and especially on the lower wall of the sinus; in two cases there was distension, and in two œdema at the upper and inner angle of the eye.

In forming a diagnosis the frontal sinus probe is indispensable. The author succeeds in introducing this at the first examination, in most cases "because the passages are much widened by the long suppuration." Having succeeded in probing the sinus, a cannula should next be used and the cavity washed; the presence of pus in the washings makes the diagnosis fairly certain.

Before operating the author removes all the accessible granulations in the middle meatus.

In seven cases the sinuses were found at the operation abnormally large; in four not enlarged; in one it consisted merely of a small displaced ethmoidal cell.

The contents of the diseased cavity were purulent in nine cases, muco-purulent in two, and mucous in one. The lining membrane in all cases was thickened, discoloured, and covered with granulations.

The naso-frontal duct was very wide in six cases; in two it was made up of two passages. In two cases of bilateral suppuration it was narrow on one side.

In three cases the duct opened into a closed chamber of the frontal sinus. Besides these formations on the floor of the sinus, a complete division of the cavity into different compartments, which communicated merely by small perforations in thin septa, was found in other three cases.

The septum between the frontal sinuses in the six cases of bilateral frontal sinus disease was perforated in four instances. Caries was observed only once, and then involved the inner and lower walls; twice the posterior wall was somewhat discoloured and rough, in several cases the bone was bare.

The following complications were noted: Conjunctivitis in several cases; asthenopia in three cases; slight hyperæmia of the papilla on the affected side in two cases. In some cases the eyeball was tender on pressure.

Of the twelve cases seven healed by first intention. In two of these the whole wound was stitched; in the other five the tampon was removed dry after three to five days and not renewed.

In the other five patients a considerable secretion set in sooner or later, requiring the wound to be cleaned daily. The infection in two of the patients was due to the removal of the bandage without permission, while in three it proceeded from the ethmoid. The onset was always marked by a rise in temperature. The inner and upper angle of the eye was painful and tender on pressure, and the general condition disturbed. But even in those cases the course of which was not quite favourable the secretion ceased after eight or ten days. Only in one case there was a small amount of secretion from a tiny fistula two months after operation.

Three patients complained of double vision after removal of the bandage. This was due to paresis of the oblique, and passed off in from ten to fifteen days.

The cosmetic result was good in eleven cases; only in one was there marked depression, the sinuses in this instance having been abnormally large and deep.

It was still impossible to state whether there would be recurrence in any of the patients. *A. B. Kelly.*

Wells, W. A.—*Epilepsy Dependent on Intra-nasal Disease.* "Charlotte Med. Journ.," December, 1898.

The patient, a man, aged forty-four, had suffered for ten years from typical epileptic seizures, on an average once a week, and always brought on by the least cold in the head. He had polypus in right nasal fossa, and abscess of antrum on same side. When last seen, two months after removal of polypus and opening of antrum, he had only had one epileptic attack, and that very light. For the ten years previous he had never gone longer than two weeks without an attack.
Middlemass Hunt.

Zur-Muhlen, v.—*Case of Empyema of the Sinus Frontalis.* "Petersb. Med. Woch.," No. 42, 1898.

Demonstration of a patient in whom radical operation was performed. Muhlen recommends this method as the only remedy.
R. Sachs.