

epistaxis, but no hæmorrhage from the ear. There was no swelling or ecchymosis about the injured region. Pain was experienced behind and over the left ramus of the jaw, and the head was turned with difficulty. Further examination showed the palate to be completely and symmetrically paralyzed. Sensibility of the parts was intact, but the palate reflex was entirely absent. There was no trace of paralysis of the facial or other muscles, with the exception of marked symmetrical hyperacusis, presumably due to interference with the tensor tympani or stapedius muscles. Besides the paralysis of the palate and the hyperacusis, no other symptoms were present—beyond some dryness of the mucous membrane and a questionable impairment of taste. The subsequent history is not given.

The author makes a critical inquiry into the traumatic nerve lesions which could possibly have produced these phenomena. He is unable to arrive at a definite conclusion, but suggests the possibility of a circumscribed hæmorrhage in the anterior motor column, or a fracture of the petrous bone not involving the facial, but injuring the intermediary nerve of Weisberg. *Ernest Waggett.*

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#### N O S E , & C .

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**Breitung, Max** (Coburg). — *Foreign Body in the Nose.* "Deutsche Med. Woch.," Nov. 18, 1897.

THE author reports a case of a boy, five years old, who had suffered for three months from loss of appetite, disturbed sleep, and a bloody purulent discharge from the nose. The skin over the nose and neighbouring part of the cheek was swollen, slightly reddened, and sensitive. The upper lip was ulcerated by the bloody, bad-smelling discharge. Nostril was completely blocked. Examination revealed a mass covered with pus, which was removed with forceps. It proved to be a piece of flesh, which the author thinks must have been forced into the nose by coughing. He points out the danger of forcing pus into the ears in these cases by either inflation or syringing through the other nostril.

**Bryan, J. H.**—*A Neoplasm of Nasal Fossa.* "Proceedings of American Laryngological Association," May 4, 5, and 6, 1897. "New York Med. Journ.," Sept. 4, 1897.

THE patient, a man of twenty years, had for several years complained of symptoms of nasal obstruction. These were due to a growth in the left nostril, causing some projection externally of the nasal bone, and extending back into the naso-pharynx and occluding the left posterior nares entirely, and partly also the right. Proptosis was also present on the left side, and the tumour bled freely on the least interference. Several unsuccessful attempts were made by the author to remove it by the galvanic snare. The precise origin of the growth could not be determined, and it was suggested it might spring from the antrum of Highmore. As to its nature, there was also some divergence of opinion, and microscopic examination failed to decide between a fibroma undergoing inflammatory change and a fibro-sarcoma. It was agreed that naso-pharyngeal growths are more often of a benign character, but the doubtful origin of the tumour under consideration rendered such reasoning of little moment. Dr. Simpson was inclined to regard the case as "inoperable," while others (Solis-Cohen) suggested extirpation after access by Rouge's operation. The case afforded a very appropriate occasion to insist on the necessity of early diagnosis and radical operative procedure in cases of actual or suspected malignant growths in this region. *Sandford.*

**Bryan, J. H.**—*The Treatment of Chronic Frontal Sinusitis by Means of an Opening through Anterior Wall of Sinus and Drainage through Nose.* "New York Med. Journ.," Oct. 2, 1897.

THE author notes the various anomalies occurring in this region, and their bearing on the chronicity of any morbid process involving the frontal and neighbouring sinuses. Great caution is therefore advised in any operative procedure on the frontal cavities, and, moreover, there are no reliable external signs to enable the surgeon to even approximately ascertain the size of the sinuses. The operation offering the best results is that originally recommended by Ogston, where an incision is made in median line, beginning at root of nose and extending for one and a half inches to two inches on to the forehead. The skin and periosteum are elevated, and a centimètre of bone removed by a trephine applied just outside middle line, and immediately above supra-orbital ridge. The sinus can then be thoroughly explored. The fronto-nasal duct is now located with a probe, and enlarged. After complete removal of all diseased tissue and antiseptic lavage, the lining membrane may be touched with a twenty per cent. solution of chloride of zinc. A self-retaining drainage tube is then introduced into fronto-nasal duct, and the wound is closed.

The report of an instructive case is appended, showing some of the difficulties met with in the treatment of this and similar conditions. *Sandford.*

**Hopkins, F. E.**—*A Case of Adeno-Carcinoma of the Nose.* "New York Med. Journ.," Nov. 13, 1897.

THE patient, a man of eighty-three years, had always enjoyed good health. No trace of cancer in his family history, but many of his immediate relations died of tuberculosis. Twelve years ago he began to suffer from nasal obstruction, attended by a watery discharge. Was seen by writer in April, 1897, when no treatment had been undertaken for the previous three years. Before this time, however, fragments of a nasal growth were removed from time to time. During the entire period of the nasal stenosis there had been no pain; epistaxis occurred at long intervals, sometimes during sleep. He complained only of the mechanical obstruction and the constant flow of acrid sanious mucus from the left nostril. The left side of the nose was deformed by the internal pressure of the tumour, and the left eye slightly protruded. With the cold wire snare the author secured a small fragment of the growth for examination, which showed it to be an adeno-carcinoma.

*Sandford.*

**Leland, G. A.**—*A Case of Adeno-Carcinoma of the Nose.* "New York Med. Journ.," Nov. 13, 1897.

THE patient, a delicate woman of fifty years, had for the past year complained of nasal obstruction on both sides, with pain and epistaxis. The case had a fatal issue, and microscopical examination of the growth showed it to be an adeno-carcinoma, and the specimen showed the primary adenoma, its transition to carcinoma, and a tendency in one part to papilloma.

*Sandford.*

**Packhard, Francis** (Philadelphia).—*Amaurosis following Intranasal Operation, with a Review of some of the Uncommon Results of Operations within the Nose.* "Med. News," Oct. 9, 1897.

NOTES of a case of hypertrophic rhinitis where, following the removal of a portion of the hypertrophied tissue with the cold snare from the anterior extremity of the middle turbinate under cocaine, temporary blindness had occurred on the same side; the period of total blindness is stated to have been between twenty and thirty minutes. Careful examination by an oculist failed to reveal any cause for the disturbance of vision. Further nasal operative treatment of the same nature

was followed by no unusual disturbance. The author concludes by referring to cases of a similar nature observed by Ziem, Lermoyez, Rethi, and others.

*StGeorge Reid.*

**Pynchon, Edwin.**—*Nasal Bougies and Drainage Tubes.* "New York Med. Journ.," Oct. 23, 1897.

THE writer finds fault with the several varieties of nasal drainage tubes at present used, inasmuch as the great majority of them on cross section resemble a flattened O, and therefore not properly adapted to the shape of the cavity they are designed for. As the septal surface of the nose is approximately plane, and the turbinal surface corrugated and convex, a device to meet the requirements of a proper drainage tube should have its inner side partly plane and partly convex, and its outer side concave. And on this principle he has constructed tubes which he holds possess great advantages over the others.

*Sandford.*

**Sachs, Richard** (Hamburg).—*Primary Tubercular Tumour in Nose.* "Münchener Med. Woch.," Oct. 19, 1897.

PATIENT, A. C., twenty, had nasal obstruction for four years, with frontal headache and intermittent epistaxis.

Both nares were filled with growths; lungs normal; sputum free from bacilli. Tumours were removed—two from right, one from left—largest was six centimètres by two and a half centimètres. Removal left a cherry-sized perforation in septum nasi. Microscopic examination showed tubercle. Headache disappeared; respiration was free. He considers there was primary perichondritis, followed by perforation and tumour formation. Four months later there was nothing to be seen but the perforation.

**Turnbull, Laurence** (Philadelphia).—*The Anæsthetic to be Employed in the Various Operations on the Nose, Throat, and Ear.* "Med. and Surg. Rep.," Sept. 18, 1897.

THE author treats principally of the relative value of eucaine and cocaine solutions in these operations, applied either with a cotton wool swab or fine spray. He also speaks well of a solution composed of a 5 per cent. solution of cocaine and 2½ per cent. solution of eucaine. He points out that solutions of eucaine are more stable than those of cocaine, that it is possible to sterilize the former by boiling, and that it is also less poisonous, but on the other hand the anæsthesia in some cases is not so satisfactory. He concludes by referring to their relative value in ophthalmic operations.

*StGeorge Reid.*

**Wright, Jonathan.**—*Papillary Œdematous Nasal Polypi and their Relation to Adenomata.* "New York Med. Journ.," Nov. 13, 1897.

THE writer traces the gradations in development from the ordinary mucous polypus through a benign adenomatous growth to a malignant one. He quotes a few very interesting cases, and has reproduced some instructive illustrations.

*Sandford.*

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## LARYNX.

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**Annandale, Thomas.**—*Administration of Anæsthetics through a Tracheal Wound.* "The Lancet," Nov. 6, 1897.

IN operations which have necessitated a previous tracheotomy, the patient can be kept under chloroform by leading a rubber tube from the mouth of the tracheal