

NOSE AND NASO-PHARYNX.

Suchannek (Zurich).—*Contribution to the Normal Microscopical Anatomy of the Human Organ of Smell.* "Archiv. für Mikroskop. Anatomie," Bd. 36.

FROM very minute microscopical studies the author has obtained the following results:—The olfactory epithelium in adults and older children does not cover continuously the so-called olfactory regions of the upper meatus and the neighbouring portion of the septum; it is limited to irregular localities in the nasal roof. In exceptional cases the region of the olfactory epithelium is already microscopically marked by pigmentation, but it is not to be concluded that the olfactory epithelium is absent if there is no pigment; sometimes there is pigment without olfactory cells. For a certain diagnosis of the presence of olfactory cells the following facts are necessary: (1) A border of delicate hairs (*Riechhärchen*). This is different from the epithelium of the respiratory tract, more vulnerable, and similar to a cuticular layer. (2) A protoplasmic border of 0.015—0.018 thickness, consisting of the peripheral ends of the olfactory cells. (3) The presence of non-pigmented cells with free nuclei. In adults also occur flask-shaped cells, called by the author *Glockenzellen*. (4) A difference exists between the nuclei of the supporting cells (*Stützzellen*) and the olfactory cells (*Riechzellen*). (5) The exquisite formation of the zona of the nuclei of the olfactory cells. (6) The presence of a basal-cell border, which is not separated from the cuticular layer by any tunica propria. (7) The pigmentation of the peripheral end of the supporting cells (*Stützzellen*). (8) The presence of Bowman's glands and olfactory fibres in the tunica propria and agglomeration of pigment between the glands, nerves, and olfactory fibres. *Michael.*

Pasquale, A.—*Further Researches on the Streptococcus of the Mucous Membranes in Relation to the Etiology of Nasal Catarrh.* "Giornale Internaz. delle Scienze Med.," Aug. 15, 1890.

PASQUALE, in preparations made by *cultures*, found a diplococcus and a streptococcus smaller than that of Fränkel, which is not stained by Gram's solution, and morphologically appears similar to one of those defined by Babes, but it does not grow in gelatine, and is clearly aerobic.

The difference from the streptococcus of Fränkel is also evident in regard to inoculations. In the period of its highest development, when inoculated under the skin of rabbits, it produces *gangrene*, and remains inoffensive. Its virulence dies, and it is not present in the secretions of the mouth or pharynx.

Pasquale proposes to call it *rhino-streptococcus*, but he does not believe it to have any specific pathogenic value in *coryza*, though the first of his experiments seems feasible to this opinion. *Massel.*

Douglas.—*Is the Cure of Chronic Nasal Catarrh as difficult as has been supposed?* "New York Med. Journ.," Mar. 22, 1890.

THE writer believes that a great deal more attention ought to be given to the condition of the nose in what may be thought pure throat affections, and he finds that affections of the larynx, pharynx, ear, various reflex disturbances, etc., occur as the result of a thickened middle or superior turbinated lying in contact with the septum, or other obstructions in the nose.

He considers that so-called "catarrh" is due to secretions that are normally bland and alkaline, becoming acrid owing to the difficulty that is presented to their leaving the nose, if the mucous membrane or bony part be abnormally adherent. From this it follows that the author attaches more importance to the surgery of the nose than its medication, as he believes that "chronic nasal catarrh" is usually due to nasal obstruction. It is a thoughtful paper and well worthy of perusal.

B. J. Baron.

Brown, Price.—*Hypertrophic Rhinitis or Hypertrophic Nasal Catarrh.* Toronto Medical Society, November 12, 1889.

DR. PRICE BROWN gives a very concise *résumé* of what is known of the above condition. He favours the galvano-cautery method of treatment as the result of personal experience. He points out the dangers to be incurred when the cautery is too assiduously applied. He notes that in eighty per cent. of his cases (four out of five cases), the hypertrophic condition was confined to the right side. Dr. Price Brown refers to erythema of the nose and face as the result of intra-nasal pressure, but is unable, at the time of writing, to confirm the observation.

George W. Major.

Raulin.—*On Pseudo-Membranous Coryza.* "Revue de Laryngologie," March, 1890.

AFTER a very complete historical review of the question, the author reports four cases from the clinic of Dr. Moure, who has suggested this work. He then remarks that croupous rhinitis is an affection of early life, which most frequently appears spontaneously, and without being contagious. The false membranes are composed of a fibrinous exudation, which differs from that of diphtheria, inasmuch as it contains no specific bacillus. Croupous rhinitis does not run the course of a contagious and infectious disease; it remains limited to the nasal cavities; there is no general infection of the system. The fibrinous exudation is, according to Raulin, caused by a very intense inflammation of the nasal mucous membranes.

Joul.

Chapin. — *Pseudo-Membranous Rhinitis.* "New York Medical Journal," June 21, 1890.

THE author gives details of two cases occurring in children, aged two and three years respectively. The elder child had been well until two weeks previously, when a nasal discharge, coughing, and sneezing were noticed. There was no fever, and the general condition was good. The nose was blocked with membrane, the throat merely congested. On several occasions large masses of membrane were detached by the forceps, some bleeding ensuing. The child's appetite was good, and she

was lively and cheerful throughout, the only inconvenience arising from the nasal blocking. In the case of the younger child the symptoms were the same, the membrane, however, being less abundant and more friable. The urine remained healthy in both children. The author discusses the question of the relation of such cases to diphtheria. He points out that the membrane in the two cases described by him was quite indistinguishable from that of diphtheria, and that the diagnosis really depends upon the presence or absence of constitutional symptoms. He regards these cases as instances of the rare disease, pseudo-membranous rhinitis, as from the entire absence of constitutional symptoms he considers the diagnosis of diphtheria not traceable, and quotes Voltolini, who states that he has never seen diphtheria confined to the nose.

B. J. Baron.

Robinson, Beverley.—*On the Relations of Peripheral Irritation to Disease as manifested in the Throat and Nose.* "Med. Rec.," April 19, 1890.

THE treatment of hay fever by galvano-cautery, saw, and trephine is first considered, and the author believes that too much has been done in this direction.

Next the author asks the question, "Can asthma be cured frequently by the removal of nasal obstruction?" and he answers it in the negative, and quotes his experience of six cases in which asthma might fairly be considered due to nasal stenosis, and in which operations were performed for its relief, and the result was that four of the cases were temporarily relieved; in two cases there was no marked relief.

He approves of sprays of a soothing, cleansing character to the nose, where in asthmatic people they are necessary.

Cases of eye trouble, cured by treating co-existent nasal trouble, are quoted.

In conclusion, the author warns us against excessive intra-nasal operative treatment.

B. J. Baron.

D'Aguanno, A.—*A Case of Anosmia which recovered after forty years.*

"Bollettino delle Malattie de l'Orrechio della Gola e del Naso," No. 5.

A MAN, fifty-four years old, for forty years complained of anosmia, which began after a discharge in consequence of a blow from a stone which he received in the frontal region.

The local treatment of deviation of the septum and mucous polypi, which d'Aguanno undertook, was followed by complete success, as the patient recovered free respiration through the nose, and with it the return of the sense of smell.

D'Aguanno recollects the interesting case of Bauer, quoted by Mackenzie; in this the anosmia disappeared after fifteen years, while in his own case it was present for forty years.

Massei.

Deschamps.—*Foreign Body remaining for twenty-nine years in a Nasal Fossa.* Société Médicale de l'Isère, June, 1890.

AT the time of examination there was suppuration of the left ear of about a month's duration. The left nasal fossa was totally obstructed by a mass carceous in appearance and exhaling a fœtid odour. After cleansing, it

was found that this mass was formed by a body of bony consistence. The patient then gave the following history:—Whilst eating some bouillon, twenty-five years previously, he perceived a foreign body, which he at the time thought was a bone contained in the bouillon, enter the glottis. A paroxysm of suffocation and of coughing had ejected the foreign body towards the nasal fossa, which it entered from behind. The embarrassment due to this foreign body had been at first very marked, and from this time he had suffered from periods of improvement and relapse, of complete obstruction with suppuration, and of partial permeability of the nasal fossa. For more than a year, however, the trouble had been more pronounced. There had been headache and very severe facial neuralgia, and the secretion had become very abundant and offensive. The foreign body was removed, and the microscopical examination proved it to be a fragment of bone. *Joal.*

Onodi (Buda-Pesth).—*On the Relation between Nervous Diseases and Nasal Affections.* Wanderversammlung ungarischer Aerzte in Grosswardlein, 1890.

A BIBLIOGRAPHICAL review.

Michael.

Bresgen (Frankfurt-o-M.).—*In what manner can Aprosexia of School Children produced by certain Diseases of the Nose and Naso-Pharynx best be prevented?* "Zeitschrift für Schulgesundheitspflege," 1890, No. 10.

POLEMICAL article with special reference to a paper of Kafemann.

Michael.

Michelson (Königsberg).—*On Tuberculosis of the Mucous Membrane of the Nose and Mouth.* "Zeitschrift für Klin. Medecin," Bd. 17, Supplementheft.

THE author gives a review of the literature of these affections, referring to the relation of the anatomical peculiarities of the mucous membrane to the disease, and relates twelve cases of his own observation. In four cases he observed tubercular ulcerations of the septum; in one of a turbinated, combined with phthisis of the lungs, and sometimes of the larynx; in one case a large tubercular ulcer of the hard palate; in another ulcerations of the whole mouth and pharynx; in four cases tuberculosis of the tonsils and arcus palato-glossus; in one a tubercular ulcer of the lingual tonsil. In all cases the diagnosis was confirmed by the result of microscopical examination. The author recommends treatment with menthol; it has an analgesic effect without the danger of intoxication, observed in the use of cocaine. Sometimes good results can be obtained by cauterizing with chromic acid, and by surgical treatment, but it must be allowed that the disease in most cases has a bad prognosis. *Michael.*

Bergonié.—*Concerning the Details of Treatment in the Employment of Electrolysis for Deviation of the Nasal Septum.* Congrès de Limoges, Aug., 1890.

THE author has employed electrolysis in nearly one hundred cases with very good results, and communicates the details of treatment. He has been assisted in this work by Dr. Moure. Sometimes the monopolar galvano puncture with the positive pole has been employed, sometimes the bipolar. For the employment of this monopolar positive galvano-

puncture, the manual operation is as follows :—A large electrode (200 sq. 10·20 of superficial area) being applied to the patient, a steel needle is inserted well into the centre of the deviation to be removed. The steel needles used are 0·8 to 1·5 millimètres in diameter, and from 8 to 11 centimètres in length. They are preferable to golden or platinum needles. The pole of the battery connected with the needle is the positive. An electro-motive force of thirty volts as the maximum which can be elicited is more than sufficient. The circuit is formed (1) by the battery of thirty volts ; (2) by the continuous rheostat invented by the author ; (3) by a milliamperimètre ; (4) by the patient. At the commencement the rheostat is placed at maximum resistance, and this resistance is slowly diminished until the strength desired is obtained. The duration of the period of increase of strength of current should not be less than two minutes, in order to avoid giving the patient pain. The return to zero ought to be equally gradual. A slight diminution of strength of current abolishes all painful sensations. The second method employed is the bipolar ; the manual operation is almost the same as in the former case, but two needles are inserted into the deviation, the one positive, the other negative. An electro-motive force of twenty volts is more than sufficient. The quantity of electricity varies, being about sixteen centimètres ; the intensity varies from twelve to fifteen milliampères. From the clinical standpoint the bipolar method is preferable. *Joal.*

Plicque.—*Study of the Treatment and Diagnosis of Malignant Tumours of the Nasal Cavity.* “*Annales des Maladies de l’Oreille,*” March, 1890.

AN excellent review of the different means of diagnosis and treatment, and of the operative procedures employed in the treatment of tumours of the nasal cavities of a malignant nature, both pediculated and sessile.

Joal.

Kurz (Florenz).—*Simple Method of removing Nasal Polypi.* “*Wiener Med. Presse,*” 1890, No. 44.

THE author removes the polypi like Voltolini, with a sponge, but he fixes the sponge on a Bellocq tube, so that it is applied from behind.

Michael.

Durante.—*Mixed Tumour of the Nasal Fossæ—Invasion of the Frontal Lobes—Latent Abscess of the Brain—Sudden Death.* “*Archives de Laryngologie,*” June, 1890.

THE tumour was an epithelio-sarcoma. Autopsy disclosed the cause of death as related in the title.

Joal.

Robertson, W. (Newcastle).—*Two Cases of Rhinoscleroma.* “*The Satellite,*” July, 1890.

THIS disease is of the rarest possible occurrence in England, and the two cases reported by Dr. Robertson are, therefore, of the greater interest. They occurred in two sisters—one aged thirty-three, the other forty. The former became first affected with nasal disease at the age of sixteen, and the latter at the age of seventeen. In the first case it began with a hard, painful swelling of the upper lip, bleeding frequently from a “Keen.” Adhesions took place to the gum when the swelling

disappeared (after three years). A large, hard, painful mass developed in the right nostril, giving rise to nasal obstruction, and ultimately the same thing occurred in the left nostril, both nostrils being almost completely obliterated. The affection of the upper gum occurred in dark-red, hard, nodular, painful masses, bleeding when roughly handled. The teeth loosened and fell out. In the last five years the patient has complained of hoarseness, aphonia, and difficulty of breathing. A bulbous enlargement of the nose now exists, with complete stenosis of both apertures with membranous web-like formation. The tissues were unusually hard, and hard cartilaginous-like plates could be felt in the alæ. The uvula was stunted and retracted, and the soft palate pale. The opening of the right posterior nares could not be seen, but the left one was small and contracted. A white, glistening band ran down behind the posterior pillar of the fauces to the level of the epiglottis. The epiglottis was pale, and had a nodular mass on its apex. The laryngeal mucosa was pale and thickened, as well as that covering the arytenoid cartilages. The ventricular bands were pale and enlarged, so as to overlap the vocal cords during intonation. Pale, cicatricial-like bands coursed along their length. The vocal cords were pale yellow, infiltrated and restricted in their movements. A raised band on each side of the mid-line running from before backwards could be seen below the glottis. Sclerosed patches could be seen in the trachea.

The second case presented essentially the same features as the first.

The diagnosis of such a condition has to be made from syphilis and lupus. The former was excluded, and the author regards the absence of "healed-over defects" or loss of parts, the non-occurrence of ulceration or breaking-down of tissue, fœtor, or offensive discharge, of relapses, either in the cicatrices or fresh parts, or of concomitant attacks in the skin of the neighbourhood, as distinguishing it from lupus. Microscopic preparations showed the tissues to be infiltrated with an accumulation of spindle and round cells, smaller than granulation cells, which were crowded into the papillæ, the latter being broader than usual. The corium was freely invaded with them, and contained numerous blood-vessels.

R. Norris Wolfenden.

Haffner.—*Counter-Irritation over the Liver in Epistaxis.* "Bulletin Medicale d'Algerie," Feb., 1890.

INTRACTABLE, pernicious epistaxis cured by the application of two blisters to the hepatic region when all other treatment had failed. *Joal.*

Pogorelsky, Metchislav V. (Elisavetgrad).—*Chromic Acid in Habitual Epistaxis.* "Meditzina," 1890, No. 51, p. 413.

THE author details at length an instructive case of a generally healthy school youth, aged seventeen, who sought his advice for most obstinate habitual epistaxis of seven years' standing. The bleeding (invariably from the right nostril) had been recurring in winter time two or three times weekly, but during summer months almost daily, or even several times a day, being always profuse (enough to soak two handkerchiefs on each occasion), and coming under all possible circumstances, and without any apparent

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cause. Besides the bleedings, the lad had been suffering every few weeks from temporary swelling, congestion, heat, and itching of the nose with an additional tumefaction of the right nasal ala, the symptoms lasting from a few days to a few weeks, and similarly coming and going without any assignable cause. The youth had been vainly treated with all possible local and general means. On rhinoscopic examination the author discovered a small-sized ($\frac{1}{2}$ centimètre) circumscribed, congested, and softened area, with injected blood-vessels, situated on the right surface of the nasal septum, "corresponding to the lower edge of the cartilaginous portion of the vomer." There was nothing abnormal about the patient's internal organs. Having arrived at the conclusion that he had to deal with a case of *epistaxis ex congestione* ("a professional affection of school life"), and that the said area was the source of the bleedings (which was subsequently confirmed by the discovery of a blood-clot adherent to the spot), the author decided to try a local application of crystalline chromic acid (by means of a button probe, etc.). The cauterization was repeated once or twice weekly. An attack of hæmorrhage occurred on the third day after the first application, after which the boy ceased to bleed from the *right* nostril. After a fifth cauterization, however, he had an attack of epistaxis from his *left* nasal cavity. On inspection of the latter there were revealed three dark red points, occupying exactly the same region as the congested area on the right side of the septum. In view of the fact, the left nasal cavity was also subjected to the cauterization. The treatment continued about two months, a complete cure ensuing. At all events, up to the date (three months have elapsed since the last application), the patient has remained quite well. Even the periodical tumefaction of his nose has ceased to occur.

Dr. Pogorelsky also mentioned two other analogous cases permanently cured by four or five cauterizations with chromic acid. On the whole, he is highly satisfied with the method. *Valerius Idelson.*

Brown, Moreau R.—*Suppuration of the Antrum of Highmore.* "New York Med. Journ.," July 19, 1890.

THE author ascribes to "taking cold" a more prominent position in the list of causes of this condition than is generally allowed. Of twenty-one cases, nine arose from this cause. In two of the cases suppuration followed directly upon attacks of epidemic influenza. The symptoms of suppuration of the antrum are described as pain and tenderness (if acute), with sense of fulness and weight over the antrum and pressure against the eye, hyperæmia of the ocular conjunctiva and sensitiveness of the teeth, especially on masticating. The pain is worse on stooping and in the mornings. If it arises from dental causes these symptoms are super-added, if from nasal causes, coryza is present. With closure of the natural outlet there is increase of pain and greater tenderness of the face. The formation of pus is announced by a chill, distension of the walls, disturbance of vision (from pressure on the orbital plate), and a tumour-like projection over the thinnest walls. Spontaneous evacuation may occur often through the nose, the irritation producing obstinate turgescence of turbinated bodies, and occlusion of the passage. The discharge diminishes

or ceases gradually as in coryza, or may continue in diminished quantity with cessation of pain, as in dental complications. Discharge now occurs into the nose at intervals during the day, or on stooping, or changing the position of the head. Turgescence of the turbinateds may arise or become chronically persistent. The author believes that hypertrophy of the turbinateds and, possibly, the polypoid growths seen in chronic empyema, are oftener a result than a cause. If the dental arch is the cause, the pus is very offensive, the opposite of what occurs when the cause is coryza.

The author thinks that Voltolini's method of illumination, perfected by Heryng, is a valuable aid to diagnosis. A more valuable and simple test is made with peroxide of hydrogen. The nasal passage is cocainized, and, with a hypodermic syringe with long canula bent to a right angle within a quarter of an inch of the distal end, a solution of peroxide of hydrogen (1-12 of water) is projected into the antrum through the hiatus semilunaris. If pus is present, it is driven out and fills the nose with white foam. With the use of this test, which the author maintains is very certain, can be differentiated purulency of the maxillary sinus from other sources of pus discharged into the nose. If an exploratory puncture is requisite, it is best done by perforating the facial wall above the alveolus with a small drill. The treatment can, especially in acute cases from coryza, be carried out by injecting dilute peroxide of hydrogen through the natural nasal opening, but most cases require a free evacuation and drainage. The author discourages entering the antrum through the alveolus, the aperture here made not being in the most dependent position, from the projection into the antrum of one or more conical processes in this position (the first and second molar teeth), besides the necessity of sacrificing a tooth. The author favours opening the antrum just below the gingivobuccal fold between the upper portions of the roots of the second bicuspid and first molar teeth by a drill, an incision being first made. A gold tube is to be fitted into the proximal end, projecting beyond the mucous membrane, a small strip of gold being attached and fastened to a collar round the tooth. Free drainage is obtained and plugging the tube is averted. The cavity is washed out daily with a saturated solution of boric acid, and occasionally iodine, sulphate of zinc, or sub-nitrate of bismuth are injected. Of nineteen cases, fifteen were diagnosed by the assistance of peroxide of hydrogen.

R. Norris Wolfenden.

Bresgen (Frankfurt-o-M.) — *Dry Treatment of the Nose and its Accessory Cavities.* "Berliner Klin. Woch.," 1890, No. 39.

THE author believes that the dry treatment of the nose, especially of its accessory cavities, marks a great progress. Concerning the antrum of Highmore, he opens it by the method of Krause. He removes the pus by insufflation of air, and, having done that, he applies by Rabierske's insufflator iodol or iodoform. For dilatation of the nose he applies a modified Duplay speculum. The powder insufflated is combined with a bellows moved by the foot. For treatment after galvano-cautery he applies potassium sozo-iodol, and for the treatment of ozæna zinc sozo-iodol.

Michael.

Gerber (Königsberg).—*Contribution to the Knowledge of Pharyngo-Nasal Syphilis.* "Deutsche Medicinalzeitung," 1890, No. 84.

(1) MOST cases of pharyngo-nasal syphilis occur between one to three and eight to fourteen years of age. (2) The mercurial treatment does not cause these tertiary affections. (3) In cases of pharyngo-nasal syphilis the other organs are often healthy. (4) The formation of sagittal furrows is characteristic of the disease. (5) The fœtor does not occur in all cases, and is not characteristic. (6) Naso-pharyngeal syphilis may exist without affection of the oral cavity. (7) The "saddle nose" is not produced by nasal defects. (8) Rhinoscopical examination is necessary. (9) Local treatment gives good results, but cannot cure the atrophy of the tissues. *Michael.*

Fox.—*Naso-Pharyngeal Carcinoma.* Report of a case, with a consideration of the treatment of this disease. "New York Med. Journ.," Mar. 8, 1890.

THIS rare case was operated on by Annandale's method, but although the patient bore the operation well, the growth quickly recurred, and he soon died. The author recommends removing the growth from time to time with post-nasal cutting forceps and wire snare, along with tonics and disinfecting washes. *E. J. Baron.*

LARYNX.

Singer (Prag).—*Hysterical Tremor, Aphonia, and Stuttering.* "Prager Med. Woch.," 1890, No. 42.

A LADY, sixty-one years old, with these symptoms, was treated without result by preparations of bromine. *Michael.*

Chaput.—*Stridor and Attacks of Suffocation in a Hysterical Male: Larynx Healthy—Spasm of the Trachea—Tracheotomy—Cure.* "Archives de Laryngologie," Aug., 1890.

THE author at first inclined to the diagnosis of syphilis; afterwards anæsthesia of the pharynx made him think of hysteria. He performed tracheotomy on the patient, and cure resulted. *Joal.*

Huguin.—*Laryngeal Spasm.* Union Méd. du Nord-Est, March, 1890.

THE case of a man who lost consciousness, and remembered only after the crisis that he had anything the matter with the throat. In the second attack, death occurred. *Joal.*

Engel, E.—*On the Voice of Children six years of age, and Singing in schools.* Hamburg, 1889.

THE author says that the singing voice cannot be used before its use is methodically learned, and that the voice will be ruined if singing is encouraged before the child has had this instruction. He therefore proposes that the singing in the lower grades of schools, and in children's