NOSE, &c.

Brian.—*Chondroma of Nasal Fibro-Cartilages.* "Lyon Méd.," April 18, 1897.

A MAN, aged fifty years, alcoholic, with acne and red-pimpled nose. In 1883 a little nodule appeared on the left part of the nose, and gradually increased to a growth as large as a nut. The increase was accelerated by cauterization.

On examination the nose appeared as a large and voluminous rosaceous tumour, with parts of sphacele. The tumour is translucid, and does not invade completely the nasal cavities. Operation by Poncet with excellent plastic result. The tumour was a chondroma of fibro-cartilages. *A. Cartaz.*

Forestier.—*Primary Subacute Suppurative Sinusitis Frontalis. Perforation of the Anterior Wall of the Sinus. Unusual Tracking of Pus Upwards through the Diploe and Perforation of the Internal Table. Septic Meningo-Encephalitis. Death.* "Arch. Intern. de Lar., Otol., Rhin.," July, Aug., 1897.

THE patient was a man of forty-eight, who, since a time of exposure in the campaign of 1870, had complained of frequent frontal headaches and marked susceptibility to cold, so that a warm cap was essential to comfort in winter.

During 1896 headaches became more frequent. In October, 1896, the forehead became painful, tender and swollen, while a muco-purulent discharge appeared in the nose.

On November 24 a fluctuating tumour appeared on the forehead, the nasal discharge having ceased. This abscess was opened, but matters became more grave, and on December 1st coma had set in. The author then saw the case, and operated immediately. He found a large perforation of the anterior wall of the frontal sinus on the right side, and absence of median septum. The posterior wall was intact throughout, but the roof on the right side was destroyed. The fronto-nasal canals were permeable. Removing the outer table of the frontal, the diploe appeared hollowed out into irregular spaces filled with pus. On the right side this suppurative condition of the diploe was traced upwards to the highest point of the frontal bone, where the probe detected a perforation of the internal table at least one centimètre in diameter. The dura was covered with pus. Death followed, and autopsy was refused.

This accident of distant tracking of pus with subsequent perforation into the subdural space is extremely rare—if, indeed, it is not unique; and an explanation of a satisfactory character is not forthcoming.

The history of the case would seem to indicate the presence of chronic catarrh of the sinus or latent empyema. The more or less sudden exacerbation of symptoms followed on lumbar pains and other acute signs of fever, and was probably of influenzal origin. The coincidence of active suppuration with blocking of the duct was doubtless the immediate cause of the tracking of the pus, but the causes determining the route followed are obscure. *Ernest Waggett.*

Gouguenheim, A. (Paris).—*On the Inflammatory Abscesses of the Nasal Septum.* "Archiv für Laryng. und Rhin.," Band V.

THIS affection is seldom observed, although its usual cause coming frequently into play would lead us to expect the reverse. In 1890 the author reported two cases in which the disease was followed by a deformity of the nose; but in his subsequent cases, which form the basis of the present monograph, no such change occurred, and he therefore considers it as quite exceptional.

External injuries are almost the sole cause. Children are most subject, owing to their liability to fall on the face. In adults it may follow a blow.

The abscess is nearly invariably situated at the antero-inferior part of the septum. It develops quickly, and almost closes the nasal fossa. As a rule it is bilateral, and the cavities communicate, but occasionally the abscesses may be quite separate. In some rare instances the abscess is found on the perpendicular plate of the ethmoid.

The symptom first experienced is nasal obstruction. When the affection has been present for some time the inflammation extends to the orifice of the nose and attacks the skin, causing it to become tense, red, and erysipelatous-like. Mucus and pus may also be discharged from the nose, and give rise to fœtor.

The intranasal swelling develops very quickly, passing to the nostrils, and occasionally even protruding beyond. Some writers hold that the presence of blood precedes that of pus, but the author expresses no definite opinion on this point. In appearance the swelling is of a pale reddish-grey colour; rarely it is blue, suggesting blood within. It feels hard, but yields to pressure; sometimes it even fluctuates.

The walls of these abscesses are hard and thick, and the pus is usually distant from the surface. To allow its escape the incision must be deep. The pus contains a large number of staphylococci as a rule.

The diagnosis is easy, although the condition has been mistaken for polypus, A gumma develops slowly, and is usually accompanied by changes in the mucous membrane in other parts of the nose. Abnormalities in the shape of the septum following injury may be distinguished by the probe.

As soon as the abscess is recognized it should be opened by knife or galvano-cautery point. The incision should be made as high as possible, and must be deep on account of the thickness of the walls. The one incision sometimes suffices to empty the abscess in both nasal fossæ. The abscess cavity should afterwards be syringed with a saturated watery solution of boric acid, and iodoform gauze then applied. One or two days later the hanging pouch of the pus sac may be snared. The wound soon cicatrizes, and this may be aided by painting with an oily solution of menthol. For some days nasal washes should be used.

The author describes six cases which he has treated. *A. B. Kelly.*

Hammond, L. J. (Philadelphia).—*Hard Fibroma of the Maxillary Sinus, with Pyæmia of the Frontal Sinus.* "Philadelphia Polyclinic," August 7, 1897.

In this case there was considerable necrosis of the nasal bones, owing to the nature of the man's work. There was also purulent discharge from the frontal sinus through the infundibulum. The tumour, which proved to be a fibroma, filled the maxillary sinus, adhering to the whole of the posterior wall. By an incision through the lip the soft tissues were raised up to the nasal orifice, and the sinus opened on a line with and external to the nasal process of the superior maxillary bone. As much as possible of the growth was removed with a Wild's snare, the remainder with a curette, and the cavity packed with gauze on account of the free bleeding.

The frontal sinus was then opened through an incision made directly over the promontory of the roof of the nose, carried above the superciliary ridge. It was found to be filled with pus and granulation tissue. This was cleared out, the sinus packed with sterilized gauze, and drainage made through the most dependent point in the incision. The patient made a good recovery, and the result of the operation proved most satisfactory. *StGeorge Reid.*

Hugues, P.—*Ozæna and its Treatment by Interstitial Cupric Electrolysis.* "Thèse de Lyon," 1897.

The author relates the results of the treatment of seventeen cases by Capart and Cheval's method—viz., interstitial electrolysis. The current must not exceed ten

or twelve milliampères. Out of this number of cases, three under thirty years of age have been cured; two under twenty probably cured; six well ameliorated; and the remainder in a stationary state, and without benefit. *A. Cartaz.*

Killian.—*On Intercommunicating Frontal Sinus.* "Munch. Med. Woch.," Aug. 31, 1897.

THE author describes three cases of frontal sinus empyema in which the frontal septum was perforated. Perforation of the septum may be—

1. Anatomical, analogous to the foramen accessorum of the antrum maxillare.

2. Pathological: (*a*) produced by pus in one sinus forcing its way into the other; (*b*) produced by injury.

It must be a very rare anatomical condition. Zuckerkandl does not mention it once. Macerated specimens are misleading, because often the bony septum is incomplete, but the membranous septum always fills up the defects. The author, however, was able to show one anatomical specimen. The mucous membrane of each sinus was apparently normal, but in the membranous portion of the septum frontale was an opening, with smooth rounded edge and about the size of a lentil.

In cases of frontal empyema the condition is not so rare.

A short list of cases reported is added to the paper. *Arthur J. Hutchison.*

Klippel.—*Troubles of Gustation and Olfaction in the Tabes Dorsalis.* "Arch. de Neurologie," April, 1897.

THE author has noted frequent perturbations of these senses in tabetic patients; they are variable, from the total and absolute loss of the sense to simple diminishing, partial, hemilateral, or total. Sometimes appear true perversions (calosmia), or hyperæsthesia (hyperosmia) or reflex troubles. These symptoms are due to (1) alterations of the special sensitive nerves—glosso-pharyngeal or olfactive; (2) to lesion of the divisions of trigeminic nerve which regulates the nutrition of nasal and lingual mucous membranes; (3) sometimes to a primary alteration of muscular sense, giving the dislike. Constantly these troubles are associated with other bulbar symptoms. *A. Cartaz.*

Leland, George (Boston).—*Nasal Obstruction with reference to Aural Disease.* "Boston Med. and Surg. Journ.," Aug. 26, 1897.

THE author deals at length with the various changes in the nasal and naso-pharyngeal cavities leading, either directly or indirectly, to morbid changes in the middle ear and Eustachian tube. He is of opinion that very many cases of pulsating tinnitus are due to engorgement of the turbinates or to a congested state of the naso-pharyngeal mucous membrane from the presence of adenoid growths, etc. He draws attention to the necessity in these cases of re-establishing proper nasal respiration by the removal of the obstruction by proper operative measures. *StGeorge Reid.*

Lenzmann, R.—*On the Operation for Adenoids, with Special Reference to the Question of Narcosis.* "Therapeut. Monats.," Sept., 1897.

THE author first discusses the reasons for and against the use of narcosis in this operation. Most of the arguments against narcosis he considers unsound. It is seldom possible to complete the operation with one sweep of a Gottstein's knife, and even when this is the case the operation is far from painless. Simple examination of the naso-pharynx with the finger is extremely unpleasant, even for adults, and terrifies children.

Naturally, the operation is much worse. This alone justifies the use of chloroform. Further, as we now know that a careless removal of only some of the growth

will not necessarily lead to atrophy of the remainder, we are bound in every case to remove the growth thoroughly, and this thoroughness can be attained to only by operating under narcosis.

That this operation makes the use of narcosis in some points specially dangerous the author does not deny; still, he maintains that by care and a suitable technique these dangers can be overcome.

The author has operated on four hundred cases, with no deaths—indeed, with scarcely any unpleasant incidents during either the operations or convalescences. He operates with the patient in the erect sitting posture, does not narcotize deeply, and uses no gag, but only a tongue depressor. If the tonsils are hypertrophied he operates on them (with Mackenzie's tonsillotome) at the same sitting. His Gottstein's ring-knife has a special apparatus for holding the excised portion of the growth, and its handle is so curved as to facilitate its introduction and use even when the mouth is not wide open.

Lastly, the author advises that after the operation the parts should be left undisturbed. No insufflation of powder; no nasal or post-nasal irrigations or pulverizations. *Arthur J. Hutchison.*

Malosse.—*Analysis of a Rhinolith.* "Bull. Méd. Algèrie," Feb. 10, 1897.

THE nucleus of rhinolith was formed by three parts of organic substances and one part of mineral, with predominance of iron. The wrapping is, as ordinary, formed by calci and magnesia phosphates. *A. Cartaz.*

Naegeli, Akerblom (Ruthi, St. Gallen).—*On Narcosis in the Operation for Adenoids.* "Therap. Monatsch.," Oct., 1897.

THE author is not in favour of the use of narcosis for adenoid operations. In the first place, not every operator can afford the time or has the necessary assistance at hand. Secondly, a badly trained or nervous child objects to and struggles against chloroform or bromethyl just as much as against the operation. Moreover, the operation could be done many times over in the time required to get the child narcotized. Children, or their parents, may object to various minor operations being done without narcosis; they often object to digital examination of the naso-pharynx. Are we on that account to give chloroform? Are no more teeth to be extracted without narcosis? Of 1106 patients Hofmann lost one, and of 1500 Thost lost none; still the author considers this a serious mortality contrasted with the statistics of narcosis, *e.g.*, in child-bed.

Narcosis may possibly be advantageous when adenoids and tonsils have to be operated on at the same sitting, but that should rarely occur.

After some strong remarks on "four-week specialists," their incapacity, and their large fees, the author concludes: "Never will I willingly perform a large operation without narcosis—still less a small operation with it; and I believe that many of my colleagues, specially those who have to rely on themselves, and who cannot at any moment command a number of assistants, will share my opinion." *Arthur J. Hutchison.*

Rafin.—*Frontal Sinusitis and Cerebral Abscess.* "Lyon Méd.," June 13, 1897.

A WOMAN, aged twenty-five, complained in 1894 of some pains, after an attack of influenza, that she had in frontal sinus and eyebrow. Opening of subcutaneous abscess with pieces of osseous sequestræ. Some months later, blindness by optic neuritis. The author diagnosed "fronto-ethmoidal sinusitis." Operation in July, 1896; opening of frontal sinus, curetting, and drainage of ethmoidal cells, which are not inflamed. In the posterior part of frontal sinus little tumefaction; explorative puncture in the brain without results; relieving of headaches.

In September, operation by incision of meninge, and discharge of large abscess in the frontal lobe. In January, after a period of complete recovery, convulsive attacks. Trepanation in the upper part of frontal sinus ; opening of the primitive suppurating area, without traces of suppuration. Complete cure, with a little fistula of ethmoidal cells. *A. Cartaz.*

Sachs, R.—*Primary Tubercular Growths in Nose and Larynx. Operation. Cure.* "Münch. Med. Woch.," Sept. 21, 1897.

THE author reports four cases, two of primary tubercular tumour in the nose and two of same in larynx.

In both nasal cases the tumours grew slowly from the anterior portion of septum cartilagineum. Both were treated by cold snare, scraping, and application of lactic acid, with satisfactory results.

In one of the laryngeal cases the tumour was situated on the posterior wall of the larynx. It was removed with cutting forceps (Kirstein's autoscope being used), and the base cauterized. In the other case the growth arose from both vocal cords and the laryngeal surface of the epiglottis. It was removed by cutting forceps in several sittings. In neither case could any other indication of tuberculosis, in lungs, etc., be discovered. In all four cases diagnosis was confirmed by microscopic examination. *Arthur J. Hutchison.*

Schmiegelow, E. (Copenhagen).—*On Acute Osteomyelitis of the Superior Maxilla.* "Archiv für Laryng. und Rhinol.," Band V.

THE author reports the following case :—A girl, the child of healthy parents, who had no syphilitic antecedents, when ten weeks old became suddenly very fevered, had slight convulsions, and some days later the whole of the right superior maxillary region became greatly swollen. Her general health suffered much in consequence, and she lay in a dazed state. A week later a small abscess, which had formed on the inner side of the alveolar process opposite the canine, burst, affording some relief. The pus found a free exit, however, only after the canine had been extracted. The symptoms then began to subside, while small sequestra were frequently expelled. A quantity of foul-smelling pus flowed from the right nostril. The general condition gradually improved.

When the child came under the author's care about two months after the onset of the illness, the right cheek was swollen, pus welled out of the right lachrymal canal, and there was marked periosteal swelling of the alveolar process extending over the hard palate to the middle line. A fistula discharging pus indicated the site of the canine. On examining the nasal cavity the lateral wall was found to be broken down, and bare bone and loose sequestra were felt in all directions. The parents were instructed to syringe through the fistula several times daily. Three and a half years later the child had grown well, but there was still some discharge from the right nostril.

The diagnosis is based on the acute onset, the formation of an abscess which discharged partly by the alveolar process and partly by the nose, and the resulting necrosis of the superior maxilla.

The author discusses more particularly necroses of the jaws. Acute osteomyelitis of the lower jaw is very rare ; but of the upper he cannot find a case described as such on record. Extensive or total necrosis of the superior maxilla may be caused by phosphorus, or by an acute exanthematous affection. There is, however, a third group of cases in which the cause is unknown. The author places his case in this category, and considers that two others which have been reported as cases of empyema of the antrum of Highmore should be classed with it. In these three instances the patient was an infant, and the author thinks that this explains the

origin of the disease. The maxillary sinus in the newly born is filled with a thick lining of connective tissue. If this becomes the seat of a phlegmonous infiltration, the conditions for retention with extensive necrosis of the walls exist. The purulent infiltration of the superior maxilla presses the rudimentary teeth through, and they fall out.

The treatment consists in providing an exit for the pus as soon as possible. If one or two of the teeth that project through the gum be removed, access to the antrum can usually be gained. The cavity can then be syringed out several times daily. Loose sequestra must be removed, but an operation in order to get rid of all the dead bone is not to be recommended, on account of the doubtful cosmetic result. *A. B. Kelly.*

Sicard, J.—*Chondromatous Tumours of the Nasal Fossæ.* "Thèse de Paris," 1897.

CHONDROMA of nasal cavities is a rare disease (the author has collected only twenty-nine cases in literature), which appears, especially in the man, between seven and twenty-five years. Rarely composed of pure cartilage. These tumours are ordinarily mixed—osteo-chondromatous, fibro-chondromatous, myxo- or sarcomatous chondroma. Little by little by degeneration they can form a true malignant tumour. They are originated from all parts of the nasal cavities, but in preference from the septum. The author emunerates the symptoms, diagnosis, and treatment. Of the twenty-nine cases, nine were fatal, and five have had recurrences after operation. *A. Cartaz.*

Siebenmann.—*On the Adenoid Habit and Long Face, and on the Short Septum in Broad-Faced People.* "Münch. Med. Woch.," Sept. 7, 1897.

THE object of this paper is to prove that high arching of the hard palate is not more frequent in people with adenoid growths than in people with a perfectly healthy naso-pharynx. The palatal index (*i.e.*, the height of palate divided by breadth between second molars multiplied by 100) was obtained in a number of people with and a number without adenoids, with the result that the average index of those free from adenoids was about 46, while the average index of those suffering from adenoids was 45·9. It is to be noted that the result in the first series is really too low, because all cases with deviated septa were excluded. In them the average was about 56.

Why, then, should laryngologists generally agree that adenoids and highly arched palates go together? The answer to this question is that high-arched palates occur in people with long narrow noses, in whom any obstacle to breathing is felt much more than in broad-nosed people. Hence the laryngologist is far oftener called on to remove adenoids in the former than in the latter; hence, again, the misleading statistics.

A further series of measurements proved that the amount of arching of the palate was in relation to the upper facial index (*i.e.*, distance from naso-frontal suture to edge of superior alveolar process divided by extreme breadth of face at molars multiplied by 100), and apparently uninfluenced by the presence of adenoids.

Lastly, a series of measurements were undertaken to test the truth of Hoppmann's assertion that ozæna is always accompanied by a relatively short sagittal measurement of the septum. These, again, proved that the sagittal length of the vomer measured in the inferior meatus depends entirely on the type of fate, and that this condition, considered by Hoppmann as peculiar to ozæna, is really common to all broad-faced individuals (*i.e.*, whose facial index is under 50).

Arthur J. Hutchison.

Valude.—*Ophthalmoscopic Diagnosis of Cerebral Complications in Disease of the Sinuses.* "Arch. Intern. de Lar., Otol., et Rhin.," July and August, 1897.

In this lecture, delivered in Dr. Luc's clinic, the author describes the characteristic appearances of choked disc and simple papillitis. It has been shown by experiment that the phenomenon of choked disc may be due to intracranial infection, as well as to mere intracranial pressure, such as is caused by the presence of tumours. A choked disc, as well as papillitis, is, therefore, good evidence of intracranial mischief arising from sinus disease, although such mischief need not necessarily be of the most serious character. In proof of this qualification, an instance is related in which mastoid disease was accompanied by some degree of choking of the vessels of the papillæ. Operation proved that the lateral sinus was not invaded, though laid bare by the suppurative process.

The investigations of Berger have shown that some cases of retrobulbar neuritis are dependent on disease of the sphenoidal sinus, from which cavity the optic nerves are often separated by the thinnest shell of bone, or by the soft tissues alone.

In cases of this class—formerly termed "*à frigore*"—vision may be lost in the course of a few days by invasion of the nerve from the infected sinus without any appearance of papillitis or choked disc. The absence of these phenomena is due to their dependence exclusively on true intracranial disease—a circumstance easily explained by anatomical consideration of the blood supply of the optic nerve.

By the spreading of the infection brainwards true intracranial disease may be set up and papillitis follow. Moreover, where the neuritis is permanent in its effects the appearances of optic atrophy will finally develop in the disc. An unfavourable termination is, fortunately, not invariable, sight being often wholly or partly restored; but in these cases of "toxic retrobulbar neuritis" or "*périnèvrite canaliculaire*" the prognosis must always be regarded as serious. *Ernest Waggett.*

LARYNX.

Arslan.—*Early Hereditary Syphilis of the Larynx in Children.* "Arch. Intern. de Lar., Otol., Rhinol.," July and Aug., 1897.

Confining himself to the disease as occurring in children under three years of age, the author gives a *résumé* of reports and opinions to be found in literature, and follows with a short account of six cases coming under his observation.

1. That of a child of three years presenting typical manifestations of congenital syphilis. At birth the voice was hoarse, and cough and coryza were present. Laryngeal symptoms slowly increased, in spite of antisyphilitic treatment. The voice was completely lost, and dyspnœa supervened. Tracheotomy was refused, and death ensued. The histology of the larynx is dealt with later.

2. The brother of the above, aged ten months. A few weeks after birth the voice became hoarse, and cough and coryza were present. Direct evidence of laryngeal syphilis was absent, but mercurial treatment was followed by cure in fourteen days.

3. A child of two, in a family where syphilis was suspected, though denied. Hoarseness, cough, and difficulty of breathing, with coryza, commenced during the second month. Symptoms gradually increased, and attacks of dyspnœa occurred. Micropolyadeny was present, but no actual sign of syphilis. Tracheotomy was refused. Thirty days of mercurial treatment removed the dyspnœa and improved the voice. In two months the child was well.

4. An infant of seven months, subject from the fourth month to hoarseness,