NOSE AND NASO-PHARYNX.

Hopman.—*Answer to Lacoarret. Contribution à l'Étude des Papillomes des Fosses Nasales.* "Revue de Lar.," No. 17. "Monats. für Ohrenheilk.," 1890, No. 7.

POLEMICAL articles. *Michael.*

Woodward.—*Chronic Nasal Catarrh in Vermont.* "New York Med. Journ.," Feb. 15, 1890.

THIS is a good *résumé* of treatment of various nasal diseases. The cold snare is preferred for reduction of posterior hypertrophies; galvano-cautery for others. Cauterization ought not to be done in both nostrils on the same day. Septal deformities are removed by saw, trephine, or drill.

B. J. Baron.

Douglas.—*Chronic Nasal Catarrh.* "New York Med. Jour.," Feb. 15, 1890.

THE author pleads for a careful examination of all the circumstances in a case of this disease, which he considers very complex, and only curable if great care and patience are exercised. *B. J. Baron.*

Bonne (Meustedten).—*Contribution to the Treatment of certain Chronic Nasal Diseases without application of Thermo-cautery.* "Therap. Monats.," heft 1890, Nos. 8, 9.

RECOMMENDATION of the application of glycerine of tannin. *Michael.*

Agnew.—*Nasal Catarrh and Bonnets.* "Weekly Med. Review," June 28, 1890.

THE writer says that he has never seen a case of nasal catarrh amongst women belonging to the Society of Friends, Dunkards, or Mennonites, which immunity he attributes to the peculiar shape of the bonnets worn.

B. J. Baron.

Parker (Charleston, S. C.)—*Anosmia from Tobacco Smoking.* "Medical News."

THE author relates the case of a patient who applied for treatment on account of dryness in the throat, difficulty of nasal respiration, and loss of the sense of smell. He was an inveterate smoker, and in the habit of blowing the smoke through the nostrils. He had pharyngitis and atrophic rhinitis. His sight was slightly impaired. Treatment consisted of entire abstinence from tobacco, application of electricity to the nasal mucous membrane, and the administration of one-thirtieth of a grain of strychnine three times a day. After a month, the sense of smell returned, and the condition steadily improved. The author points out that primarily the sense of smell is dependent upon the olfactory nerve, but that there are other secondary conditions, of which the chief are a free nasal passage and the presence of moisture. He further states that anosmia may be organic or functional, and that tobacco poison is capable of producing either or both of these conditions. When the secondary conditions are affected, the anosmia is functional; when the

olfactory nerve is itself affected, the anosmia is primary. In the latter case, the condition is similar to that present in the optic nerve in cases of tobacco amaurosis. The author concludes that tobacco smoking is injurious to the nasal and post-nasal fossæ, and that it impairs and sometimes destroys the sense of smell. *B. J. Baron.*

Bosworth.—*The Relations of Diseased Conditions in the Upper Air-Passages to so-called Nasal Reflexes.* "New York Medical Journal," July 5, 1890.

THE author does not believe that the nose is absolutely the direct cause of a number of diseases recorded as nasal reflexes, and, even when they are met with in association with nasal troubles, it is doubtful if they ought to be called reflexes.

Asthma, he thinks, is due to a vaso-motor paresis, causing vessels in the bronchial wall to dilate, and this in turn depends on a neurosis. A chronic inflammation of the nasal mucous membrane, attended with hyperæmia, as it often is, directly predisposes to an attack of asthma by influencing the circulation in the walls of the bronchi. Treatment of the nasal trouble is often successful by removing this predisposing cause. Hay fever is practically asthma, and must be treated in the same way.

He has never known a case of epilepsy cured by treating the nose, and has not seen a large enough number of cases of chorea to enable him to decide that it is due to nasal reflex disturbance. *B. J. Baron.*

Jacobi.—*Reflex Chorea.* New York Med. Journ., July 5, 1890.

THE author finds that some patients suffering from chorea are also the subjects of nasal catarrh, with thickening of the mucous membrane, impervious nostril, or ozœna; also pharyngeal catarrh and enlargement of the tonsils accompanied this condition. Where the head and shoulders are especially affected by the choreic movements there is often found irritation of the trigeminus nerve, or of the nose; the convulsion usually begins in the right hand, extends to the left, and then all over the body. Such cases are only cured if the nose and throat are treated. Mild treatment by douches and astringents often effects a cure. *B. J. Baron.*

Casselberry.—*The Treatment of Hysterical Aphonia, associated with Hypertrophic Rhinitis, by Cauterization of the Turbinated Bodies.* "Med. News," Feb. 22, 1890.

AFTER reviewing the question of reflex action from the nose, the author relates particulars of two cases in which artificial irritation applied to the nasal mucous membrane, in the shape of the galvano-cautery to hypertrophied turbinateds, corrected the functional laryngeal paresis. In one case granulations on the pharyngeal wall had been cauterized, but with no effect on the voice, and this the writer considers shows that the treatment of the nose was not merely a moral one, but explains the effect in the laryngeal muscles thus: The excitation passes to the medulla *viâ*

the nasal nerve and the nasal branch of the anterior palatine ; it is then reflected to the pneumo-gastric and spinal accessory centres, and thence transmitted to the laryngeal muscles. *B. J. Baron.*

Kauffmann (Prague).—*On a Typical Form of Lateral Swelling of the Mucous Membrane of the External Nasal Wall.* "Monats. für Ohrenheilk.," 1, 2, 3, 4, 5, 6, 7, 8.

A VERY extensive description of a swelling of the mucous membrane near the entrance to the antrum of Highmore observed in many cases of ozœna and empyema. *Michael*

Killian (Worms).—*Sagittal Fissures of the Posterior Ends of both Turbinateds.* "Monats. für Ohrenheilk.," 1890, No. 8.

OCCASIONALLY, on rhinoscopic examination, the author has found both upper turbinateds on both sides divided in two halves. *Michael.*

Asch.—*A New Operation for Deviation of the Nasal Septum.* "Boston Med. and Surg. Journ.," July 3, 1890. (This was discussed by the American Laryngological Association.)

THE operation is performed with a pair of scissors, one blade being blunt and pushed into the obstructed nostril, the other being sharp and pushed into the patent nostril. A crucial incision is then made at right angles to the point of greatest convexity. A gouge is then inserted into the obstructed nostril, and the segments are pushed into the opposite one, and the pressure continued until they are broken at their base, and the resiliency of the septum destroyed. The septum is then straightened by strong forceps, and held in position by a tin splint, and then the cavity is packed with an antiseptic dressing. Bony deviation is removed with the saw or electric trephine. The treatment lasts from three to six weeks.

Several of those present took part in the discussion that followed, and different methods of overcoming the resiliency of the septum, which, as the President remarked, is the object to be kept in view, were discussed.

Simanovsky, Prof. Nikolai P. (St. Petersburg).—*On Deviations of the Nasal Septum.* "Vratch," No. 37, 1890, p. 840.

HAVING examined 974 patients (603 men and 371 women) in the course of the twelvemonth, 1888-89, the author found that not more 49 (24 men, 25 women) of the number had a perfectly symmetrical or straight nasal septum. In the remainder its position presented some malformation. In 345 cases (185 men, 160 women) "the septum was generally irregular, with thickenings or spurs of a rather difficult description." In 191 cases (144 men, 47 women) it was sharply deflected to the right side ; in 188 (129 men, 59 women) to the left ; in 124 (61 men, 63 women) "it had an "oblique position (generally deviating from the perpendicular line), "while in 17 (9 men, 8 women) a sigmoid or zigzag deflection was "present."

It may be seen, therefore, that a normal position of the septum was observed only in exceptional cases. "In other words," the author concludes, "as a rule, the nasal septum occupies a more or less "irregular position—at least, such is the case as far as the St. Petersburg 'population is concerned." *Valerius Idelson.*

Robertson (Newcastle).—*Symmetrical Webs in Nares with Post-nasal Occlusion by Adventitious Growth.* "Brit. Med. Journ.," Oct. 18, 1890.

M. A. L., aged forty-nine, married, of healthy appearance, and mother of a large family of healthy children, complained of utter inability to breathe through her nose, which is especially unbearable at night, and has become more acute during the last two years. She could previously breathe more or less through her nose, but since then it has become impossible. Forcible expiration produces a whistling noise from the right naris. There is want of smell, constant tendency to hawk, etc.

The left naris was fairly normal. The floor was occupied by a rounded bluish body resembling a polypus, but which was found to be glairy nasal mucus. On removing this a web was discovered entirely filling up the posterior choana. At the lower margin of this, near the floor of the meatus, a small aperture was discovered, through which a probe could be introduced into the post-nasum. This aperture was below the collection of mucus before this was removed. In the other nostril a precisely similar web was found also with an aperture slightly larger, and situated higher up than in the case of its fellow. To the touch with the probe these webs seemed to be composed of resistant fibrous tissue, more yielding towards the centre.

The post-nasum was much contracted in size, with all its anatomical features effaced by an adventitious growth raised up into ridges and bars. The posterior nares and septum were invisible, as were also the openings of the Eustachian tubes. Hearing was normal. The openings in the webs were enlarged upwards and downwards with the galvano-cautery preliminary to the introduction of tubing, to effect, if possible, a permanent patency. The author has no doubt that this was an example of rhino-scleroma restricted in its development. Syphilis or lupus was out of the question. The process in this case was of long standing, for from youth upwards she had complained of nasal obstruction. The appearance of the post-nasum precluded the supposition of disease of the pharyngeal tonsil. *R. Norris Wolfenden.*

Ziem (Danzig).—*Illumination of the Antrum of Highmore.* "Berlin Klin. Woch.," 1890, No. 36.

THE author remarks that an empyema of the antrum of Highmore can only be recognised by illumination, if there is so much pus that the antrum is filled, but if there is only little pus it is necessary to perform a probatory opening and irrigation. *Michael.*

Bosworth.—*Some Practical Suggestions in regard to Antrum Disease.* "Boston Med. and Surg. Journ.," June 26, 1890.

THE disease is usually due to a morbid condition of the nasal chambers,

of which nasal polypus is the most frequent. Acute rhinitis is often found along with acute antral disease, but it is not certain that chronic rhinitis will give rise to it. Of eighteen cases, eleven were males—seven females. The ages of the males ranged from twenty-eight to sixty-four years, the average being forty-seven ; of the females, twenty-one to fifty-five, the average being thirty-nine years. In six cases nasal polypi caused it ; in five there was concomitant acute rhinitis, and in seven hypertrophic rhinitis was present. Carious teeth were not prominent as a cause in any case. The principal symptom was a discharge of laudable pus from one or other of the nasal cavities, usually anteriorly, but in some cases it got back into the naso-pharynx, and thus simulated naso-pharyngeal catarrh. A dull aching pain along the branches of the facial nerve was also complained of in most cases. The pus, which was bright yellow, made its way into the nose from beneath the middle turbinated body, and came from one nostril only ; and this Bosworth regards as the most important symptom of the disease, since he says that no disease of the nose gives rise to the unilateral discharge of *healthy* pus, except a disease of the accessory sinuses. The difficulty is to determine whether it comes from the antral, sphenoidal, ethmoidal or frontal sinuses.

Percussion on the forefinger placed over the infra-orbital foramen is better than over the malar bone, and if the sound be less resonant it indicates antral disease.

The operation through the alveolus, and the insertion of Bordenave's tube, with frequent cleansing, is the best that can be done. *B. J. Baron.*

Schütz (Mannheim).—*Contribution to the knowledge of Empyema of the Antrum of Highmore.* "Monats. für Ohrenheilk.," 1890. Nos. 7, 8, 9.

A PATIENT, twenty-one years old, had a carious tooth, which was extracted by a dentist. The apex of the root had an appendix filled with pus. Some hours later swelling of the left side of the face ensued and supra-orbital neuralgia. Examination showed a fistula in the alveolus of the extracted tooth. Through the fistula a drain was introduced, and by irrigation some pus was removed through the left nasal meatus. The irrigations were continued and ended in cure in six weeks. In opposition to those authors who state that nasal suppuration is very often the cause of empyema, the author remarks, with good reason, that the nasal mucous membrane possesses a great resistance to purulent infection, because, moreover, if an empyema of the antrum of Highmore exists for years, the discharge of pus from the nose ceases the moment when the empyema is operated upon. *Michael.*

Ziem (Danzig).—*The Examination of Nasal Suppuration, and Remarks on the so-called Tornwaldt's Disease.* "Monats. für Ohrenheilk.," July, 1890.

BY injections with Mayer's syringe a great deal of pus can often be removed, and in such cases in which no pus can be found in the nose by other means. By this method the author was able to find the cause of discharge of pus in the nose in many cases which had been supposed by others to be bursitis pharyngealis, and he believes that bursitis is much more rare than is stated to be the case by Tornwaldt. *Michael.*

Chénieux.—*Naso-pharyngeal Polypus—Preliminary Tracheotomy.* Congrès de Limoges, August, 1890.

THE patient was seventeen years old. The polypus had existed five years, and had successively invaded the left nostril and maxillary sinus, and the right nostril; severe losses of blood occurred and there was exophthalmus. Operation was urgently required. Knowing that several patients had succumbed in the course of surgical interference in consequence of hæmorrhage, by the passage of blood into the air tracts, and, possibly, also in consequence of the severe pain, chloroform not being safely employed, the author thought it expedient to perform preliminary tracheotomy. But hardly had the inhalation of chloroform commenced before tracheotomy, in the ordinary manner, than the patient ceased to breathe for ten minutes. The canula having been inserted, artificial respiration was resorted to, and the patient was with difficulty restored. Five days later the operation was performed through the naso-maxillary passage; and the author was able to have chloroform administered without danger, and to extirpate without fear of accident the polypus by the aid of thermo-cautery and of the scalpel. *Joal.*

LARYNX.

Alpiger (Wien).—*Anatomical Study of the relations of the Vagus and Sympathetic Branches to one another in the Region of the Larynx—Contribution to the Explanation of Shock following Extirpations of the Larynx.* "Langenbech's Archiv.," bd. 40, heft 4.

LAST year Stoerk declared that death by shock following upon extirpation of the larynx is caused by disturbances of the innervation of the heart. By section of the ramus cardiacus the regulation of the heart is interrupted and paralysis cordis follows. For the clearing up of these points the author has examined nineteen cadavers. He describes the appearances met with in individual cases, and concludes—(1) Anastomosis of the laryngeus superior with the cardiacus superior n. sympathici is very often observed. Sometimes only an unilateral anastomosis is found, and in such cases one cardiacus superior n. sympathici failed. (2) The ramus cardiacus superior n. sympathici is relatively often missing, especially on the right side. It is probable that the ramus anastomaticus has depressor fibres, and that if these fibres are cut, accelerated action of the heart is the consequence. The paralysis cannot be explained by the result of these anatomical researches. *Michael.*

Clemens (Frankfurt-a-M.). *Nervous Hysterical Aphonia cured by Galvanization of the Muscular Nerves of the Accessorius.* "Therap. Monats," heft 1890, No. 8.

THE author has cured a case of hysterical aphonia by faradization of the accessorius Willisii. *Michael.*