ŒSOPHAGUS.

Bowes, C. Kessick (Herne Bay).—*Congenital Obliteration of the Œsophagus, with other Malformations.* "Brit. Med. Journ.," March 13, 1897.

THE child, who had absence of both radii and thumbs, as well as excessive flexion of both hands, was noticed to be unable to swallow the milk it obtained from the breast, which returned through the nose. The child wasted, and finally died on the thirteenth day. *Post mortem:* The œsophagus terminated at a level three-quarters of an inch below the larynx, and the lower part, as it came up from the stomach, opened into the trachea near its bifurcation. *R. Lake.*

NOSE, &c.

Gellé, Georges.—*Peroxide of Hydrogen: its Rôle as a Hæmostatic and Antiseptic.* "Arch. Int. de Lar., Otol., et Rhin.," Tome IX., No. 5.

PEROXIDE of hydrogen gives rise to two characteristic types of reaction: (1) reaction by which it oxidizes other bodies; (2) reaction by which bodies in contact with it lose their oxygen at the same time as does the re-agent. It is to this second type that the physiological properties of the drug are due. Its antiseptic qualities are well known, and in this connection it need only be said that peroxide of hydrogen is not toxic, and that a considerable quantity may be injected intravenously without ill result. A very large dose will cause respiratory embarrassment, and even death, due probably to the decomposition of hæmoglobin. It may be employed with impunity even in the case of children. The hæmostatic action of the fluid is very marked and rapid. If a small quantity be mixed with blood, under the microscope, and the specimen observed as soon as ebullition has ceased, rapid formation of fibrin is seen, while red corpuscles run into rouleaux and lose their colour. The following experiments were made on rabbits:—(1) Transverse incision on the inner aspect of the auricle. Application of wool soaked in twelve per cent. solution. Immediate cessation of capillary hæmorrhage. The central artery continues to bleed. Extreme vaso-constriction, followed after some minutes by vaso-dilatation. (2) The fluid allowed to fall, drop by drop, on a similar wound. Six per cent. solution. Effect more marked than in previous experiment. (3) Twenty-two per cent. solution employed in the same manner, and with the same results. Pain experienced. (4) Twenty-two per cent. solution dropped into the eye. Pain produced. This, however, passed off in five minutes. Conjunctival injection. (5) Injection into the middle ear. Three centimètres of twelve per cent. solution. No evidence of pain. Normal, twenty-four hours after. The application produces, therefore, permanent capillary hæmostasis and a temporary arterial hæmostasis, the latter due to arterio-constriction.

The author has made careful analysis of a number of commercial samples, and arrives at the following conclusions:—(1) Neutral solution readily undergoes spontaneous decomposition. (2) Acidity is necessary for stability, but the amount of acid is of no importance. (3) Exposure to air for five days does not cause decomposition if dust is excluded by a wool plug. (4) Light does not cause decomposition, and coloured bottles are unnecessary.

The most useful solution is one very slightly acid, and containing ten to twelve volumes. The author has used these volumes on five hundred occasions in the

nose and ear, and has found no contra-indication. With regard to the methods of application in the nose, the author favours the employment of cotton-wool plugs saturated with the fluid. If the latter is poured into the nose, ebullition forces some of it through the lachrymal canal, and causes ocular pain. The spray will only serve where slight oozing of blood is to be staunched.

In intranasal operations, a fairly loose plug of wool, fully saturated, should be applied to the wound. After five minutes hæmorrhage will cease, and after clearing away the decolourized froth a clear field remains for further proceedings. The application is not absolutely painless, but in the large majority of cases amounts only to a passing sense of heat and pricking. In spontaneous epistaxis the drug may be used in the same manner, the plug not being allowed to remain more than twenty-four hours. On removal, even at the end of thirty-six hours, however, it will be found quite inodorous, and surrounded not with pus, but a thick coating resembling the white of an egg.

In aural surgery, the antiseptic action of the drug finds a use in the clearing of the meatus of discharge for purposes of observation; and in all cases of chronic otorrhœa it may be used without any misgivings as a preliminary to antiseptic douching. Its hæmostatic qualities especially indicate its use in removal of aural polypi.

The vaso-constrictor action facilitates manœuvres subsequent to incision of the membrane. When hæmorrhage follows incision, and the membrane becomes injected, the instillation of hydrogen peroxide will not only quickly arrest the bleeding and give a clear field to the operator, but also cause a blanching of the membrane.

For aural work the solution must be to some degree warm, and if the temperature is raised gradually no decomposition will occur. The drug is inexpensive.

Ernest Waggett.

Gouguenheim.—*Acute Abscess of the Septum.* ("Des Abcès Chauds de la Cloison Nasale.") "Ann. des Mal. de l'Or., de Lar.," etc., Jan., 1897.

THE author gives a complete survey of the subject of acute septal abscess, together with an account of seven cases. Though traumatic hæmatoma does not always lead to abscess, he believes that the cause of abscess is always trauma. Free opening and packing is the best treatment, and with this method of procedure cure is rapid, and free from risk of deformity through collapse of the septal cartilage.

Ernest Waggett.

Helot (Rouen).—*Electrolysis of Posterior Enlargement of the Inferior Turbinate.* ("De l'Electrolyse de Queues de Cornet.") "Arch. Inter. de Laryng., Otol., et Rhinol.," Tome IX., 2.

THE enlargements, usually bilateral, are to be treated simultaneously. A long, stiff, steel needle is made to transfix the hypertrophied tissue on either side, after cocainization. The needles should not project into the naso-pharynx. The portions of the needles lying in the anterior part of the nasal fossæ are insulated with varnish, and are held in position by attachment to a spectacle frame. A current of from five to twelve milliampères is passed, ten to five minutes being required for the electrolysis, according to the strength of current used. At the termination of the sitting the current should be reversed (of course, reducing to zero and making gradual reversal) in order to free the positive needle.

The tissue is modified, not destroyed, and only a very small slough at the point of puncture, has to come away.

Two to four sittings are required according to the density of the tissue. The diffusion of the currents is said to make pain quite unnoticeable, and is even said to

have a beneficial influence on the ear and surrounding parts. With regard to pain in nasal electrolysis generally, this may be avoided by the use of a few large elements instead of a number of small ones; better still by the use of accumulators, or of a converter of the street supply. In a word, the desired intensity should be obtained with the smallest possible potential. *Ernest Waggett.*

Lubliner, L. — *Diseases of the Lachrymal Ducts due to Nasal Affections.* "Therap. Monats.," Dec., 1896.

THE author has examined the nasal condition in 94 cases of dacryocystitis chronica from the clinics of Kramsztyk and other oculists in Warsaw.

He gives the following table :—

In	5	cases	there was no nasal disease.
,,	34	,,	rhinitis hypertrophica.
,,	30	,,	ozœna vera.
,,	8	,,	rhinitis scrofulosa.
,,	5	,,	rhinitis catarrhalis chronica.
,,	5	,,	degeneratio polyposa conchæ inf. et med., polypi mucosi in meatu narium inf.
,,	3	,,	empyema antri Highmori.
,,	2	,,	lues nasi, necrosis ossium.
,,	1	,,	tuberculosis nasi.
,,	1	,,	vegetationes adenoideæ.

Thus, of 94 cases, 89 had some nasal affection, whereas in only 5 was the nose healthy.

Compare this table with that of Kubli (St. Petersburg).

Two hundred and ten cases were examined.

In	11	cases	there was no nasal disease.
,,	174	,,	rhinitis and pharyngitis chronica (all kinds).
,,	18	,,	tertiary syphilitic affections.
,,	1	,,	empyema antri Highmori.
,,	1	,,	trauma nasi.
,,	2	,,	diphtheritis nasi.
,,	2	,,	variola.
,,	1	,,	erysipelas.

Thus, of 210 cases, 199 had some nasal affection, whilst in only 11 was the nose healthy.

These diseases may be classified in two groups :—(1) Those which by producing pressure in the inferior meatus obstruct the orifice of the lachrymal duct and hinder or entirely prevent the entrance of tears into the nose—*e.g.*, hypertrophy of the inferior turbinal, new growths, and certain conditions of the antrum. (2) All pathological processes in the nasal mucous membrane which can spread *per continuitatem* to the mucous membrane of the tear duct—*e.g.*, ozœna, suppurations, rhinitis scrofulosa, etc., etc.

The results of treatment vary considerably. Where the condition is due to simple mechanical obstruction of the duct, as by polypus, etc., the removal of the polypus cures the disease; where hypertrophic rhinitis is present, treatment "has so far given satisfactory and encouraging results."

The least satisfactory cases are those in Group 2, of which the chief is ozœna. Even here, in a certain proportion of cases, the author has seen distinct improvement follow combined treatment, whereas treatment by the oculist alone, as a rule, is of no avail.

In connection with ozœna cases the author discusses the question whether the primary seat of the disease is in the lachrymal apparatus, as Nieden suggests, or in

the nose. Nieden maintains that, given a chronic rhinitis, obstruction of the tear duct will convert the rhinitis into an ozœna. The author, on the other hand, is of opinion that the presence or absence of tears in the inferior meatus is of very little, if any, consequence to the function of the nose.

For purulent conditions, as in ozœna, thorough cleansing of the nose must be carried out, so that pus and crusts are not left in contact with or obstructing the orifice of the duct.

In summing up the author maintains that in every case of disease of the lachrymal apparatus the nose should be carefully examined, and that combined treatment by oculist and rhinologist will give a far larger proportion of desirable results than have hitherto been obtained by the oculist alone. *Arthur J. Hutchison.*

Ripault.—*A Case of Secondary Syphilis of the Nose.* "Ann. des Mal. de l'Or., Lar.," etc., Jan., 1897.

A MAN of thirty-five presented himself with total unilateral obstruction of one nostril of but four or five days' duration. The other nostril was healthy. Malaise and slight fever were present. Headache severe. The inferior turbinate was found to be in a state of acute inflammation and causing total obstruction of the passage. No ulceration was present, nor was any abnormality to be seen in the pharynx. At the end of fifteen days a typical syphilitic roseola appeared on the body, accompanied by mucous patches on the fauces. A primary lesion was not discovered, but a search for enlarged glands in the neck, etc., resulted negatively, and there was nothing to indicate the nose as the seat of infection. The condition was evidently a very early manifestion of secondary syphilis, and disappeared within three weeks of the commencement of mercurial treatment. *Ernest Waggett.*

Shastid, T. H.—*A Case of Temporary Amblyopia from Eucaine.* "The Journal," Feb. 13, 1897.

THE writer, in a short letter, describes an instance of the toxic effect of eucaine, which goes to prove the error of forming an opinion of the usefulness and harmlessness of any drug on too few observations. In this case a five per cent. solution was used for the purpose of local anæsthesia of the turbinate. The patient, an adult of thirty-two, was suddenly seized with amblyopia, rapid pulse, and he seemed talkative and slightly incoherent. The former symptom lasted for several hours. *R. Lake.*

Teichmann.—*On Nasal Suppurations.* "Therap. Monats.," Dec., 1896.

THIS is a defence by Dr. Teichmann of his criticism ("Centralblatt für Chirurgie," 1896, No. 12) of the second edition of Grünwald's "Lehre v. d. Naseneiterungen," and does not require any special notice here. The following case, however, which is cited to introduce the subject, is interesting.

Frl. K. sang with a good round voice, but the three notes, e^1, f^1, g^1, always were produced with a sharp, almost split, sound, and the voice was easily tired by singing them. Polypi had been found in and removed from the left nasal fossa, but with no improvement in the voice. When Dr. K. first saw her he found larynx quite normal, pharynx and naso-pharynx in a condition of chronic inflammation, and some thickening of the anterior ends of left, middle, and inferior turbinals—no secretion, no polypi. These conditions were treated without any effect. Patient was then sent to the country. On her return a small mucous polypus was found near the left hiatus semilunaris. It was removed, and was followed by a little pus. Diagnosis of empyema was at once made. The stump of the second left pre-molar tooth was then extracted, and thereby the antrum opened, and a lot of stinking pus discharged. The antrum was treated and cured, whereupon the voice troubles all disappeared. *Arthur J. Hutchison.*

Vassant, Eugene Larrue.—*A brief Report of the Results of a Bacteriological Investigation of the Nasal Mucus in One Hundred Cases of Chronic Nasal Discharge.* "Journ. Am. Med. Assoc.," Feb. 27, 1897.

Of the hundred cases examined the Klebs-Loeffler bacillus was found in twenty-six, eleven of which had atrophic rhinitis, three purulent rhinitis, five in simple rhinitis, three in nasal syphilis, and three in hypertrophic rhinitis. In fifty-eight cultures staphylococci were found. No cases were examined which showed any symptoms of diphtheria. His conclusiona are that in a large percentage of chronic nasal catarrh the secretions are infected with diphtheria bacilli, staphylococci, etc.

Oscar Dodd.

LARYNX.

Brady, A. J. (Sydney).—*Notes of a Case of Partial Laryngectomy for Epithelioma of One Vocal Cord.* "Australasian Med. Gaz.," Nov. 20, 1896.

In this case there were no enlarged glands in the neck. Laryngoscopic examination showed a fungating growth involving the middle two-thirds of the right vocal cord. It was removed by dividing the thyroid cartilage, and removing the right half, with the right vocal cord and arytenoid cartilage, in one piece. The patient made a rapid recovery, and after six weeks the voice was fair and improving.

StGeorge Reid.

Davidson, P.—*Membranous Cast of Trachea and Bronchi.* "Brit. Med. Journ.," March 13, 1897.

The author showed a membranous cast of the bronchial tubes, with numerous branches, coughed up by a child supposed to be suffering from diphtheria. Part of this examined microscopically was found to contain almost a pure cultivation of micrococci. No Loeffler's bacillus was discovered. Dr. Davidson, however, considered the case undoubted diphtheria. There was membrane on the tonsils and in the respiratory tract. Tracheotomy had been performed for dyspnœa. Diphtheria antitoxin had been injected. The patient was shown still wearing a tracheotomy tube. Dr. Davidson remarked that in several of the most marked cases of diphtheria he had seen, no Loeffler's bacillus had been found in the membrane examined.

Mr. Bark drew attention to the value of curetting the trachea and bronchi through the tracheotomy wound in cases of diphtheria, where dyspnœa recurred after the operation. *R. Lake.*

Gibb, Joseph (Philadelphia).—*Eucaine in Laryngology and Rhinology.* "Philadelphia Polyclinic," Jan. 23, 1897.

The author treats of the relative value of eucaine and cocaine in operations about the nose, throat, and larynx. After a number of carefully conducted experiments on the hypertrophied inferior turbinate, as to the difference in the contractile and hyperæmic action of these two drugs, he finds little difference, if any. After using them in a number of minor operations about the nose and throat, he sums up the evidence as follows :—

1. Eucaine is equal to cocaine in its anæsthetic effects.
2. Eucaine is nearly as effective as cocaine in reducing engorged turbinates.
3. Eucaine is superior to cocaine in being less likely to produce toxic symptoms.
4. Eucaine is superior to cocaine in producing far less unpleasant subjective symptoms, especially in the pharynx. *StGeorge Reid.*