

THE author is strongly averse to gastroto-my. For cancerous strictures he advises the permanent sound, and for cicatricial strictures he recom-mends dilatation. *Joal.*

**Terrillon.**—*Œsophageal Stricture and Gastroto-my.* Acad. de Médecine, Jan. 21, 1890.

TEN months ago the author performed gastroto-my upon a patient with cicatricial stricture of the œsophagus. Catheterism of the pharynx was impossible before and after the operation. Terrillon could pass a bougie from below upwards and through the fistula. Catheterism then became easy, and the permeability of the œsophagus was completely established. The fistula was then closed, and now the patient can swallow as well as anyone. *Joal.*

**Longhurst, Arthur W.** (London).—*Impaction of a Splinter of Grouse Bone in the Œsophagus.* "Brit. Med. Jour.," Oct. 5, 1889.

THE bone was successfully removed by the use of the expanding probang. *Hunter Mackenzie.*

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## NOSE AND NASO-PHARYNX.

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**Guye** (Amsterdam).—*On Aprosexia; being the inability to fix the attention, and other Allied Troubles in the Cerebral Functions caused by Nasal Disorders.* "Brit. Med. Jour.," Sept. 28, 1889.

THE author has found this complaint mostly in young persons, and especially such as were studying hard or preparing for examinations. He considers it of importance in every case of habitual headache and inability to work, with loss of memory, to examine the nose and naso-pharynx for disease, particularly of the obstructive class.

Treatments consist in the removal of the nasal, or naso-pharyngeal obstruction by the usual methods. *Hunter Mackenzie.*

**Hill, William** (London).—*On some Causes of Backwardness and Stupidity in Children, and the Relief of these Symptoms in some Instances by Naso-Pharyngeal Scarifications.* "Brit. Med. Jour.," Sept. 28, 1889.

THE author's observations confirm those of Dr. Guye (*vide supra*) as to the existence of "aprosexia," especially in children. He considers it not improbable that aprosexia is the outcome of lymphatic and venous stagnation and tension in the structures occupying the anterior part of the cranium from obstructions in the nose and pharynx. He has found in the Earlswood Asylum for Idiots that nearly all the children are mouth-breathers, night-snorers, and the victims of nasal or pharyngeal obstruction. They are all aprosexic. *Hunter Mackenzie.*

**Woolen.**—*Nasal Differentiation.* "The American Prac. and News," Sept. 28, 1889.

THE author treats of the reflex disturbances that arise from nasal troubles, and thinks that hypertrophy of the anterior tips of the inferior turbinated bones, of a pale whitish colour, not unlike washed veal, during the attacks is the essential local factor of hay fever. In spasmodic asthma, mischief is always found in the post nasal region and its environments, and especially is it due to hypertrophy of the posterior tips of the inferior turbinated bones, and occasionally of the middle ones, which either touch the septum, or curl on themselves and touch the outer wall of the nose.

All people with these nasal troubles do not get reflex disturbances, there must be predisposition.

He alludes of Woakes's necrosing ethmoiditis, of which he has seen cases, and thinks that many so-called "sick headaches" are due to nasal obstruction and nerve pressure. *B. J. Baron.*

**Bishop, Seth S.**—*The Abortive Treatment of Acute Catarrh of the Nose and Throat.* "Weekly Med. Rev.," Oct. 12, 1889.

MORPHIA and atrophy are the author's sheet anchors for aborting these diseases, and often it is not necessary to treat the organs locally if the condition be recognised and treated early and energetically. If, however, the nasal attack be advanced or severe, a spray of liquid vaseline alone or in combination with five to ten per cent. of oil of eucalyptus or oil of tar. For the throat glycerole of tannin or glycerine of tannic acid is useful.

*B. J. Baron.*

**Disse**—*The Formation of the Nasal Cavity.* "Arch. für. Anat.," No. 29, Suppl., 1889.

DESCRIPTION of the results of the examinations of cadavers of children with reference to the development of the nasal cavity. The report cannot be understood without the illustrations, and must be read in the original. *Michael.*

**Wright, Jonathan.**—*Nasal Bacteria in Health.* "New York Med. Jour.," July 27, 1889.

THIS paper strengthens the position of those who strenuously preach the doctrine that nasal breathing is alone the right one, and that where disease prevents this, it ought, if possible, to be cured. The author experimented on his own nose, and found that it was capable of filtering three-fourths of the known bacterial and fungous contents of the air, when the inspired air passed through the nostrils at the rate of one litre a minute. Nine litres a minute is about the rate at which we breathe, so that the nose and naso-pharynx are by no means perfect filters. A valuable bibliography of the subject accompanies the paper. *B. J. Baron.*

**Ingals, Fletcher.**—*Warty Growths in the Naris.* New York Med. Jour., Sept. 21, 1889.

A GENTLEMAN, forty-six years old, complained of hawking, spitting, and hoarseness, due to pharyngo-laryngitis, with deflection of the septum

and swelling of the inferior turbinated bodies. Later, a warty excrecence of the left nostril was seen, was touched with chromic acid, and cured. After this, others formed on the septum, the turbinated bodies, and the floor of the nostril, and altogether nearly thirty growths were destroyed by means of nitric, and chromic, and carbolic acids, acid nitrate of mercury, and galvano-cautery. Microscopically, they are perfectly non-malignant, ordinary papillomata, or warts. There is no history of syphilis, and they are innocent growths both microscopically and clinically. *B. J. Baron.*

**Dana, C. L.**—*The Olfactory Nerve: its Quantitative and Qualitative Tests and its Physiological Importance; its Intracranial Course and Diseases.* "New York Med. Jour.," Sept. 7, 1889.

THE author of this paper calls attention to the small share of the rhinologist's attention that has hitherto been devoted to the sense of smell, which is the most delicate sense that we possess, being capable of appreciating the one-trillionth of a grain of mercaptan. A well-cultivated olfactory sense must therefore be regarded as part of the equipment of a cultured man, and exhaling a delicate perfume adds to the sexual attraction of a woman. Clinically, there is a neurasthenic and a hysterical anosmia, and it is by no means so rare as we have been in the habit of believing. Anatomically, we may compare the olfactory bulb and its nerve process (olfactory nerves) with the nervous structure of the retina, *e.g.*—

1st layer of olfactory bulbs, including cells and of mucous membrane  
= 1st outer layer of retina.

2nd layer strat. glomer. = 5th layer of retina, int. nucleus.

3rd layer strat. gelatin = 6th layer of retina, int. gran.

4th layer ganglionic = 7th layer of retina, ganglionic.

5th layer, nerve fibre = 8th layer of retina nerve fibre.

Professor Haycraft's paper on the sense of smell is quoted, and Dr. Dana believes with him that there is a similarity between the molecular weight and vibration of bodies and the odour they exhale, and he shows that probably the sense of smell, as well as that of taste, depend on the rate of vibration of gaseous particles, just as variations in colour depend on the vibration rate of the ether. Acting on this belief the author has constructed a *qualitative* olfactometer, consisting of two sets of phials; one containing monatomic alcohols of gradually increasing molecular weight, methylic and amylic alcohol being the extremes of a second set containing the fatty acids, with formic and valeric acids as extremes. A person with normal sense of smell ought not only to smell all these substances but to be able to distinguish between them, and it is probable that this investigation will show that there are people who smell everything, but who are odour-blind, just as some people see everything but are colour-blind. As a quantitative test phials with various strengths of oil of cloves are used, each being one-tenth as strong as the other, in accordance with the Weber-Fechner law that a sensation increases in accordance with the logarithm of the stimulus.

The sense of smell is exhausted in about three minutes for a single odour, but returns after a minute's rest.

The intracranial olfactory tracts and centres are affected.

(a) *Primarily* by—

1. *Degenerations* in locomotor ataxia, general paralysis and senile decay.
2. *Inflammation*, very rarely actual olfactory neuritis.
3. *Functional paralysis* as in hysteria.

(b) *Secondarily* by—

1. Injuries, hæmorrhages, meningitis, abscesses, tumours.
2. Necrotic and atrophic processes, as in softening thrombi.

The location of the pathological process is usually at the base of the brain and in the anterior fossa, but the hippocampus, the thalamus, posterior part of internal capsule on the opposite side, and the pons are mentioned as having been the seat of disease that has affected the sense of smell, syphilis being the most frequent cause. *B. J. Baron.*

**Trolard.**—*The Central Nervous Olfactory Apparatus.* “*Semaine Medicale*,” Nov. 27, 1889.

THE olfactory trunks at the level of the anterior cribriform plate form, by the flattening of their substance and by the radiation of the white fibres emanating from the olfactory axis, a kind of sensitive plate, which merits the term “Olfactory Area.” This area has relations with—1. the medulla oblongata; 2. the anterior tubercle of the optic bulb; 3. the cerebral cortex.

**Onodi.**—*Parosmia.* Königliche Gesellsch. der Aerzte in Buda-Pesth. Jan. 18, 1890.

THE patient referred to by the author had, along with sub-acute coryza, a constant smell of urine or petroleum. The case was cured. *Michael.*

**Grabower.**—*Stoerk's Blennorrhœa.* Laryngologische Gesellschaft zu Berlin, Jan. 10, 1890.

THE author exhibited a patient, aged twenty-five years, with a disease similar to Stoerk's blennorrhœa. Some years ago the patient had a greenish discharge from the nose which ceased without treatment. The mucous membrane of the nose and pharynx is now dry, and covered with dry secretion. Between the vocal cords a grey-red mass can be seen, which he looked upon as granulation tissue caused through the irritation of the secretion. The patient is a German, and is not of Galician origin.

Scholz, Heymann, and B. Fraenkel did not agree with the author in regarding this case as one of blennorrhœa. *Michael.*

**Raugé.**—*Pathogeny of Atrophic Ozæna.* “*Bulletin Médical*,” Jan. 1, 1890. A GENERAL review of the theories emitted by various authors as to the pathogeny of this disorder. *Joal.*

**Euthyboule.**—*Acneiform Syphilide of the Nose.* Congrès Internat. de Dermatologie, Sep., 1889.

THE author related a case of this nature, and indicated the points which characterise this form of affection. (1) The improvement under

specific treatment; (2) the affection is symmetrical and median; (3) all surgical treatment, except along with specific treatment, is ineffectual; (4) alcoholism appears to act as a determining cause. *Joal.*

**Ruault.**—*Note on a very Simple Means of Obtaining Complete Disappearance of certain repeated Epistaxes.* "Archiv. de Laryngol.," Dec., 1889.

MANY patients suffering from repeated epistaxes owe these to the presence of a traumatic erosion situated on the antero-inferior aspect of the septum, in which cicatrization is prevented by the mobility of the region and the presence of hard and irritating blood clots. These patients are cured rapidly and completely when care is taken to fill the anterior nares, from which the hæmorrhages proceed, with vaseline two or three times a day for two or three weeks. *Joal.*

**Liégeois.**—*The Therapeutic Indications of Epistaxis.* Rev. Gén. Thérap. et Clinique, Dec. 15, 1889.

A GENERAL review of the subject, in which the different treatments employed for arrest of epistaxis are examined. The author quotes a case of hepatic epistaxis for which he employed ineffectually a blister over the region of the liver, according to the method advocated by Verneuil. *Joal.*

**Wright, J.**—*A Case of Rhinolith, and Two Cases of a Tooth in the Nose.* "The Med. Rec.," Oct. 12, 1889.

AFTER summarizing the structures, symptoms, and rhinoscopic view of a rhinolith, the case of a boy, aged thirteen, who had suffered for three years with offensive discharge and soreness to touch of the left nostril, a mass consisting of a sponge with calcareous material surrounding it was removed.

The first case of a tooth in the nose is that of a married woman, aged thirty-five years, who had had a dental operation, a piece of tooth being left in the alveolus, and who had found the nose "stopped up" at times, and with some discharges six months after. The nose had bled a good deal, and was sore to touch, the mucous membrane being red and swollen, and the probe detected a rough hard surface about an inch and a half from the left anterior meatus on the floor of the nose and close to the septum. A piece of tooth, three quarters of an inch long, was extracted from the left nostril. The second case was that of a rachitic child, aged eight years, from whose left nostril the crown of an incisor tooth was with difficulty extracted. *B. J. Baron.*

**Rohver.**—*Case of Rhinolith.* "Internat. Klin. Rundschau," No. 2, 1890.

A MASS as large as a big walnut was extracted from the left nasal cavity. The ozena which had accompanied the presence of the foreign body, together with the obstruction of the nose, were cured. *Michael.*

**Chiari.**—*Two Cases of Rhinolithiasis, with Remarks upon their Etiology.* "Annales des Mal. du Larynx," etc. Jan. 1890.

IN one case, in the middle of the rhinolith, small pieces of cork were met with; in the other, a hard body like bone. In both cases a considerable

number of micrococci were found in the fœtid mucus which filled every lacuna of the surface of the rhinolith. These cocci perhaps played an important part in the formation of the concretions, by withdrawing the lime salts from the nasal mucus, and favouring their accumulation round the foreign body. *Joal.*

**Horne and Gardner.** — *Rhinoplasty.* New York Acad. of Med., Section of Laryngology and Rhinology; "New York Med. Jour.," Sept. 21, 1889.

THIS is the account of a remarkable operation performed by the late Dr. Sabine, who engrafted the little finger as a nose, which, in the end, was too short, owing to necrosis of the first phalanx, &c.

Dr. KITCHEN showed some new instruments for operations on the nasal septum.

Dr. BLEYER showed a new tube for intubation, adapted to the movements of deglutition. *B. J. Baron.*

**Peán.** — *Total Resection of the Bones of the Face.* "Acad. de Médecine," Jan. 14, 1890.

THE operation was successfully performed upon a woman thirty-two years of age, the sphenoid, the maxillaries, and the molars being invaded by osteo-fibromata, consecutive to dentary heterologies. Péan concludes: "Total ablation of the osseous skeleton can be successfully performed, and the deformity and functional troubles resulting from the operation can be corrected by prothetic measures." *Joal.*

**Heryng.** — *Electrical Illumination of the Antrum of Highmore in Cases of Empyema.* "Annales des Mal. du Larynx," etc., Jan., 1890.

IN ten cases the author has used this new sign, indicated by Voltolini, as a means of diagnosis in this condition. The electrical spatula of Reinger, which has the shape of Tuerck's tongue depressor, terminating in an Edison lamp of five volts strength, was employed. The tongue is forcibly depressed, the mouth closed, and the electrical circuit completed. Illumination of the bones of the face up to the orbit is obtained. If the patient is, however, affected with neoplasms or empyema of the antrum, the side affected remains dark. In cysts with serous contents the light passes easily. *Joal.*

**Pedley, R. Denison** (London). — *Suppuration of the Antrum, secondary to Caries of a Temporary Canine Tooth.* "Lancet," Feb. 16, 1886.

THE title indicates the nature of the case. *Hunter Mackenzie.*

**Marchant.** — *Dentary Cyst of the Maxillary Sinus, mistaken for Sarcoma of the Superior Maxilla, and Treated by Resection.* Société Anatomique, Feb., 1889.

THE tumour developed rapidly, and caused the falling out of several molars. It appeared in the face, in the gingival furrow, and in the nose. The author proceeded to resect the maxilla. Histological examination proved the affection to be a dentary cyst with squamous epithelium, lodged in the maxillary sinus. *Joal.*

**Poisson.**—*Diffuse Hyperostoses of the Superior Maxilla.* “*Semaine Médicale,*” Jan. 1, 1890.

A FEW observations exist in literature of a singular affection described by authors under the vague term, “Diffuse hyperostosis of the superior “maxillæ.” This affection is characterised by a hyperostosis, which is oftenest bilateral and symmetrical, having its commencement ordinarily in both superior maxillary bones, invading their sinuses, appearing under the skin and in the nasal cavities, tending to propagation to the bones of the face and cranium, commencing in young subjects, progressing with extreme slowness, and leading to death by a progressively fatal course. Virchow regarded this affection as a kind of osseous elephantiasis, others relate it to rachitism, and others still to sarcoma. Poisson publishes a case of this affection, and is of opinion that in his case, there was a trophic affection of neuropathic origin. *Joal.*

**Mackenzie, John N.**—*Some Points in the Pathology and Treatment of Disease of the Nasal Pharynx.* “*New York Med. Jour.,*” Oct. 5, 1889.

THIS paper, which was read before the American Laryngological Association, deals with reflex neuroses springing from disease in the naso-pharynx, and the author evidently holds the opinion that Tornwaldt’s enthusiasm carried him too far when he said that reflex troubles were very often due to affection of the pharyngeal bursa.

Primary pharyngeal bursitis is an almost, if not quite, unknown disease. As a summary, Dr. Mackenzie lays down the following propositions:—

1. The nasal pharynx is exceedingly sensitive to reflex producing stimulation.
2. The posterior parts of the turbinates, and points along the upper and posterior portions of the naso-pharynx are most involved.
3. Given a suitable subject reflex phenomena are awakened by disease in this part, *e.g.*, cough, asthma, and neuralgia.
4. If disease be present in the pharyngeal tonsil, it, and not only the bursa, should be wholly eradicated. When this is possible a favourable prognosis may be given. *B. J. Baron.*

**Poelchen.**—*Anatomy of the Naso-Pharynx.* “*Virchow’s Archiv.,*” Bd. 119, 1890.

THE author has made researches upon the question of the pharyngeal bursa. He describes his method of section and freezing of specimens, with the results in three cases, and concludes that in the middle of the naso-pharynx is a spot differing from its neighbourhood in its special anatomical peculiarities. The os occipitis with its massa fibrosa and the mm. longi capitis cause this spot to form a recess. The mucous membrane contributes nothing to the formation of the fovea, and it covers equally the whole naso-pharynx. If the adenoid tissue is hypertrophied the recess cannot be seen. This proves that Tornwaldt is right in his opinion that the so-called bursa pharyngea is a recess of the mucous membrane. *Michael.*

**Potiquet.**—*The Bursa of Luschka.* “Rev. Mens. de Laryngologie,” Dec. 15, 1889.

AN interesting research, wherein the author records the results of his anatomical researches of sixteen heads. There exists in the vault of the pharynx a depression, but not a bursa. This depression is to be regarded as the posterior extremity, or as an annexe of the median cleft. To call this depression “the bursa of Luschka,” would be an anatomical error. Potiquet thinks it better to return to the name given to it by Robin, viz., “the foramen cœcum.”

*Joal.*

**Chamier.**—*Adenoid Vegetations of the Naso-Pharynx.* “Acad. de Méd.,” Mar. 11, 1890.

A RECORD of 232 cases observed by the author, but containing no new observation.

*Joal.*

**Skelding.**—*Naso-Pharyngeal Growths.* “Brit. Med. Jour.,” Oct. 12, 1889. South Midland Branch, B M.A., Oct. 3, 1889.

THE author considered that these cases are much more common than is generally supposed, and specially alludes to the influence of these growths on the mental and physical development of the children who are the subjects of them.

*Hunter Mackenzie.*

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## LARYNX AND TRACHEA, &c.

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**Hermann and Meyer.** — *The Physiology of the Muscles of the Glottis.* “Archiv. für Anat. und Physiologie,” Nos. 5 and 6, 1889.

RESEARCHES upon the effect of the muscles attached to the arytenoid cartilages upon the position of the vocal cords, and the size and position of the glottis. The thyro-arytenoid and crico-arytenoid muscles close the glottis, and in maximal effect may draw the processus vocales across the middle line to the other side, so that a complete closure is produced. The glottis respiratoria is formed by the vocal processus, and represents a diverticulum of the trachea, which is closed by the m. ary-arytænoideus and the mm. thyro-arytænoidei. For secure closure of the glottis the general effect of all seven muscles is necessary.

*Michael.*

**Kauthack.**—*Contribution to the Histology of the Vocal Cords, with Special Report upon the Existence of Glands and Papillæ.* “Virchow’s Archiv.,” p. 531, 1889.

IN opposition to B. Fraenkel, the author proves that in the true vocal cords glands are never found, but only upon the sesamoid cartilages, in the angle of the vocal cords, and the thyroid cartilage. In normal larynges papillæ are never found in the region of squamous epithelium, but occur largely in chronic catarrhs. The author does not agree with