

N O S E, & C.

Armstrong, H. L.—*Etiology of Chronic Broncho-Nasal Catarrh.* "New York Med. Journ.," Jan. 15, 1898.

THE more direct antecedents are injuries leading to nasal obstructions. "Mouth breathing" is also a contributing cause. In the more remote etiological factors dyspepsia, in its broadest sense, is included.

Carnot.—*Gelatine as a Hemostatic.* "Presse Méd.," Sept., 18, 1897.

IN an article dealing with gelatin solution used as a hemostatic in general medicine and surgery, M. Carnot refers to its value as a local application. He has obtained rapid and permanently successful coagulation in cases of severe epistaxis in "bleeders," in hemorrhage after tonsillotomy, etc., by syringing or application on wool of a solution of gelatine. The formula employed has been five to ten per. cent. of gelatine in sterilized water or normal saline, and the addition of an antiseptic has been found not to interfere with the coagulative property of the solution.
Ernest Waggett.

Casselberry, W. E.—*Atrophic Rhinitis: its Nature and Symptoms.* "N.Y. Med. Journ.," Nov. 20, 1897.

THE author adopts the classification into (1) simple dry rhinitis and (2) ozæna, which has reference to the age at which the disease first appears and the presence or absence of fœtor, the former occurring more often about middle life, and the latter in childhood. Though fairly distinctive in most cases, the two varieties have, however, many features in common, viz., an atrophic condition of the faucial, lingual, and post-nasal tonsils, and of the adenoid glands of the pharynx and local peripheral sensory nerve fibres, with a characteristic "facies." Such widespread nutritive disturbances suggest, according to some observers, a central trophoneurosis. Unilateral disease due to septal deformity cannot be properly regarded as atrophic, as the correction of the deviation will in most cases lead to a cure. Syphilis often acts as an antecedent of dry rhinitis, as also do gout and alcoholism, while a tubercular taint is frequently an item in the history of the ozænic variety. The atrophic condition is always preceded by a hypertrophic stage, not, however, in every case well marked, the change from the latter to the former being comparable to that seen in the cirrhotic liver. This view of the transition between the hypertrophic and atrophic stages is weakened by certain facts, such as the occurrence of ozæna in very early life. The writer enumerates the various views held as to the causation of ozæna, e.g., its dependence on neighbouring suppuration (Michael and Grünwald); on a microbe; on certain hyaloid bodies, probably parasitic, etc. He details the symptoms of the two varieties, and quotes illustrative cases.
Dodd.

Delavan, D. Bryson.—*A New Method for the Relief of Certain Enlargements of the Turbinated Bodies.* "New York Med. Journ.," Dec. 11, 1897.

THIS consists of a submucous incision, with the object of obliterating a certain number of the blood vessels. Cocaine is first applied; and, by means of a lance-pointed needle, a spot in front of the proposed line of incision is selected, and the point of the needle introduced obliquely through the mucous membrane and carried backwards parallel with the surface, and then, with a slight sweep, is brought out again through the original opening, which should be as small as possible. The advantages claimed for the method are: ease of application;

freedom from irritating effects; and preservation of the normal condition of the mucous membrane.

Glasgow, Wm. C.—*Angioma of the Nose.* "New York Med. Journ.," Jan. 8, 1898.

A CASE of this rare disease is recorded—the only one of the kind in the writer's experience of twenty-seven years.

Grayson, Charles Provost.—*Some Notes concerning the Influence of Sexual Excitement upon Intranasal Disease.* "Journ. Am. Med. Assoc.," Feb. 19, 1898.

HE describes several patients suffering from congestion of the nasal mucous membrane who were worse when exposed to sexual excitement, and would not yield to treatment until placed under different conditions. This was especially noticeable in young neurotic individuals. This cause should be kept in mind when studying some of these persistent forms of nasal irritation.

Hollaender.—*Treatment of Lupus Vulgaris with the Hot Air Current.* "Presse Méd.," Oct. 30, 1897.

THE rationale of the treatment is the determination of a slow and progressive mortification of the lupous infiltration. The details as to time, pain caused, etc., are not given. Air at a temperature of about 300° C. is driven, by means of a bellows attached to a heated metal tube, into the affected part. Experience has proved that a very good scar results, and a photograph is given of a severe case of facial lupus so treated. Ernest Waggett.

Hopkins, F. E.—*Adenoids and Hypertrophied Tonsils in Children.* "New York Med. Journ.," Dec. 18, 1897.

THE author emphasizes the influence of the disease upon the auditory apparatus. Aurial complications occur in ninety-five per cent. (Woaks), seventy-five per cent. (Urbant-schitsch), and seventy per cent. (Meyer). He details at some length the whole clinical picture of the disease under various headings, and includes heredity as no unimportant factor in the etiology. Complete extirpation is the only rational treatment; and for this purpose the author prefers Mackenzie's amygdalotome, and always operates under full anæsthesia.

Kedel (Hanover).—*Congenital Nasal Clefts and their Treatment.* "Münchener Med. Woch.," Mar. 1, 1898.

IN a child, eleven weeks old, the nose was separated by a broad cleft; the cleft was filled by a soft, semi-globular tumour. In addition there was a harelip and a defect in the left forearm. The operation was done in two sittings. The harelip was first operated on, and the tumour removed. The cartilaginous nasal septum was cleft in two parts, and on both sides formed the internal wall of the nostrils. At the second sitting the two halves of the nose were sutured together, at which the septum cartilaginum had to be used to form the alæ nasi. The tip of the nose was formed from a suitable flap of the preserved tumour covering. The result was satisfactory. Beneke examined the tumour microscopically; it was formed of skin, adipose tissue, stripped muscle, bone, and contained lymph and epithelial cysts. Guild.

Lockard, L. B.—*Transillumination: its Fallacy as a Diagnostic Means in Diseases of the Maxillary and Frontal Sinuses.* "New York Med. Journ.," Nov. 27, 1897.

THE almost universally accepted inferences derived from transillumination are

questioned by the writer. He enumerates at some length the various atypical conditions of the maxillary and frontal sinuses, and shows how, by accepting the conclusions arrived at in such cases from transillumination, serious diagnostic errors may be committed, leading to unwarrantable operative procedures. Transillumination may be a valuable adjunct to a definite diagnosis; but, *per se*, it is a guide that should be used with great care and reserve.

Mackenzie, John N. (Baltimore). — *Remarks on Atrophic Endorhinitis.* "New York Med. Journ.," Nov. 20, 1897.

PARTICULAR stress is laid by the author on the structural aspect of the turbinal bodies, their completeness, and specific physiological function. He distinguishes between "simple atrophy" and "atrophy with degeneration," and suggests the term "sclerosis" as best descriptive of the latter condition. Confining his remarks solely to atrophy with degeneration, he gives as important etiological factors, chronic irritation produced by inflammation of nasal mucous membrane, infection as in syphilis and tubercle, and intoxication as in alcohol. After discussing the chronological relationship of the hypertrophic and atrophic stages of the sclerotic process, he is led to conclude from clinical and pathological evidence that the hypertrophic is the initial stage in the morbid process, and that the rapidity with which, in some instances, the hypertrophic passes into the atrophic stage is proportionate to some constitutional taint, such as syphilis.

Milligan, W.—*The Etiology and Treatment of Suppurative Disease of the Frontal Sinuses.* "The Lancet," Feb. 19th, 1898.

IN this paper the anatomical relation of the parts is first dealt with, special reference being made to the importance of the fronto-ethmoidal cells both scientifically and clinically. The occurrence of the occasional continuation of the infundibular tract into the opening of the maxillary antrum is pointed out, and its importance is emphasized. Acute catarrhal and acute suppurative frontal sinusitis is considered in some detail, and various methods of treatment are described. The etiology of latent empyema of the sinus is next considered, and the difficulty of its accurate diagnosis pointed out. Its frequent co-existence with suppurative ethmoiditis and the relation of this to subsequent treatment is emphasized. Operative treatment and non-operative treatment is then discussed. Regarding the non-operative treatment, antiseptic lotions, syringing by means of a specially constructed canula *per vias naturales*, pinning down redundant mucous membrane by means of an escharotic, the use of antistreptococcal serum, and the employment of oxygen gas may be tried.

Regarding operative treatment, anterior turbinectomy (middle turbinated body) and various methods of external operation are described. A median incision is advocated, and the importance of securing free and efficient fronto-nasal drainage is strongly insisted upon. The various methods of dealing with the mucosa lining the sinus are considered, and complete curettement advised.

Of fifteen cases operated upon nine of the patients were males, six were females. In thirteen cases the sinusitis was unilateral, in two cases bilateral. In five cases the right sinus was affected, in twelve cases the left. In all the cases with the exception of one (a sub-acute case), other accessory sinuses were similarly involved, and a statistical review of the sinuses implicated is appended.

W. Milligan.

Moure, E. J.—*Treatment of Ozæna.* "Deutsche Med. Woch.," Apr. 7, 1898.

THE author criticises the new methods of treatment for ozæna. He does not approve of Gottstein's method. He thinks that the use of diphtheria serum

rests on an insecure basis, and is sceptical of the results obtained by electrolysis. He recommends massage after the nostrils are cleansed, and uses for this purpose an instrument covered with wool dipped in—

Iodine	'1—'25	Or—	
Potassium iodide	'2—'3	Menthol	1'0—2'0
Trichloroacetic acid ...	'15	Eucalyptus	'1
Glycerine	60'0	Ol. vaselini	60'0

The secretion is then removed with a syringe, and powder containing five to twenty-five per cent. of powdered silver nitrate is applied. With this treatment he obtained improvement in a large majority of his cases, and frequently a complete cure. *Guild.*

Nichols, James E. H.—*Sarcoma of the Nasal Passages.* "New York Med. Journ.," Jan, 8, 1898.

FOUR cases of this disease are recorded by the writer.

Oppenheimer, Seymour.—*A Study of the Nares and Pharynx in a Case of Hemophilia.* "New York Med. Journ.," Dec. 4 and 11, 1897.

THE writer gives a very interesting history of a case which presented a complexity of symptoms. Examination of the nose showed the mucous membrane sodden from blood and serum, and a sclerosis of inferior turbinal and of anterior third of middle turbinal, the hinder end of the latter being somewhat enlarged. Ulceration over a small area of the left side of septum nasi was also observed, as well as a general sclerosis of pharynx, naso-pharynx, and tonsils.

Park and Wright (New York).—*Microbes of the Nose in Normal Conditions.* "Annales des Maladies de l'Oreille," etc., Nov. 1, 1898.

THE authors, from their investigations, agree with Klempner, that healthy noses, even in the interior parts, are not free from germs, and that the nasal secretion has no bactericidal action. *Guild.*

Park, W. H., and Wright, J.—*The Microbes of the Nose in Health.* "Annal. des Mal. de l'Oreille," Feb., 1898.

THE authors report in a short paper the results of their experiments which were undertaken in view of the divergence of opinion expressed by various authors on this point. As Thomson and Hewlett's results seemed to indicate some source of error in Wright's previous research, particular attention was paid to the danger of contamination of specimens in their passage through the vestibule. A series of thirty-six normal individuals were chosen, the vibrissæ were removed with sterilized scissors, and the skin of the vestibule washed with 1 in 2000 perchloride. A freshly sterilized speculum was used for each patient, and the mucus was taken from between the septum and inferior turbinate as far back as possible, either with a platinum loop or a cotton swab sterilized and passed through a flame. Tubes of gelatine and serum or agar and serum plates were employed.

The results of culture were as follows:—

No bacteria in the cultures in	6 cases,
Less than fifty colonies in	8 ,,
Between fifty and one hundred colonies in ...	8 ,,
More than one hundred colonies in	14 ,,
	—
	36 ,,
Sterile	6
Non-sterile	30

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In five out of the six sterile cases the mucus was withdrawn on the platinum loop, and the quantity was so small that this may in part explain the negative results.

Two rabbits were killed, the crania contents removed antiseptically, and the nose entered from the upper surface. Cultures of the nasal mucus contained numerous colonies.

Differentiation of the micro-organisms was not attempted, except in the case of streptococci, which were never met with. This result contrasts markedly with cultures made from children living in a "home," for among them streptococcus was present in sixty per cent. In none of these cases was the nasal mucus quite normal in character.

With regard to the supposed bactericidal property of nasal mucus, the authors object that diphtheria or pseudo-diphtheria bacilli persist in the nasal mucus of patients convalescent from benign nasal diphtheria. The result of a test of this supposed quality in the nasal mucus of the rabbit is striking. One drop of an extremely virulent culture of streptococci was instilled into the noses of two rabbits. Both animals died with general septicæmia within three days. The cocci had penetrated the mucosa and reached the tissues of the pharynx.

A specimen of nasal mucus repeatedly sterilized by heat (55° C.) was found to have no apparent bactericidal effect on the bacillus of diphtheria, pseudo-diphtheria, staphylococcus, streptococcus, and a coccus found in normal mucus from the nose. A similar result was obtained with non-sterilized mucus, though this had a markedly bactericidal effect on bac. anthracis.

These results are therefore at variance with both those of Wurtz and Lermoyez and of Thomson and Hewlett. At the same time they demonstrate that the nasal fossæ are not so rich in microbes as was formerly supposed *à priori*. This, no doubt, is due—

1. To the action of gravity, causing a constant flow of fresh mucus from the upper parts which are not freely accessible to the air currents.
2. To the action of the cilia, which aids the effects of gravity.
3. To the fact that the mucus, though not bactericidal to most microbes, is not a good culture medium.
4. To the filter action of the vibrissæ (these hairs are absent in children and sparse in women).
5. To the fact that inspired air usually contains few pathogenic germs.

The authors conclude that the nasal mucus is ineffectual as a safeguard against the bacteria which can develop in the blood, or the secretions of other individuals, and that it is unable to cope with virulent organisms introduced upon nasal instruments.

Ernest Waggett.

Park, William H., and Wright, Jonathan.—*Nasal Bacteria in Health.*
"New York Med. Journ.," Feb. 5, 1898.

An examination of the secretions of ten healthy noses revealed a number of various forms of bacteria, of which the staphylococcus pyogenes was the most abundant. The investigations of the authors do not support the conclusions either of Thomson and Hewlett, or of Wurtz and Lermoyez, yet they admit that the healthy nasal mucous membrane is not so full of germs as at first believed. This comparative scantiness in micro-organisms they attribute to different causes, amongst which are (1) the action of gravity draining away the serum, (2) the cilia, and (3) the non-adaptability of nasal mucus for bacterial growth.

Pierce, Norval H.—*The so-called Bleeding Polyp of the Septum.* "Journ. Am. Med. Assoc.," Feb. 19, 1898.

HE reports two cases. One, a child six years old, had been operated on for a tumour of the septum which had bled freely at intervals for two months. It was pronounced sarcoma and toxins used. She was discharged as cured, but the bleeding having returned the author was consulted. A tumour, the size of a pea, was projecting from the septum at about the point where the triangular cartilage joins the vomer. It was a deep blue, intermingled with red, and bled freely upon touching it. After removal and cauterization it did not return.

The other was a girl, fifteen years of age, giving a history of severe hæmorrhages from the nose at about the time of her monthly periods. A pedunculated tumour, about the size of a pea, was projecting from the septum a little higher up than the former case. It was removed with a snare, but not cauterized. She disappeared, but returned a year later with a history of frequent and severe epistaxis. She was very anæmic, and the tumour had recurred at the same spot. After removal and cauterizing base it did not return. The patient soon recovered from the anæmia. Microscopical examination showed them to be telangiectomata.

Preysing.—*Tubercular Tumour of the Nasal Septum.* "Munchener Med. Woch.," April 12, 1898. "Zeitschrift für Ohrenheilk.," XXXII.

A GIRL, sixteen years old, had been operated on before for tubercular caries. A tubercular tumour developed on the septum; it was removed with an electric snare and the cautery applied. A tubercular gland with a fistula was removed from the chin. Tubercle bacilli were not found. Recurrence took place in three months, and was again excised. *Guill.*

Reerink.—*Sarcoma of Nose.* Verein Freiburger Aertze, "Munchener Med. Woch.," Feb. 22nd, 1898.

HERR REERINK showed a patient in whom temporary resection of the upper jaw had been done fourteen days before for tumour of the naso-pharynx.

Herr Hofrath Krasko operated. After a previous tracheotomy skin incision after C. O. Weber, the connections of the upper jaw were sawn through; the alveolar process was left. The resected upper jaw was turned out, causing incomplete fracture of the zygoma. The tumour had a fibro-cartilaginous basis, grew from the sphenoidal sinus, and extended into the antrum; it consisted of a vascular fibro-sarcoma. Hæmorrhage was severe in enucleating the tumour. A plug was introduced into the nostrils, and the upper jaw replaced; the skin and mucous membrane were sutured. Recovery was uninterrupted.

Discussion.—Herr Kellier reported several cases of fibroma where the galvanocautic snare was used successfully. If it is impossible to put a snare around the tumour it may be removed in smaller parts at intervals of eight to fourteen days, to allow inflammatory reaction to subside. Bleeding is usually profuse at the first attempt; careful plugging should be used. A few drops of chloride of iron can be put on the plug. The part in the naso-pharynx should be left till the last, as a post-nasal plug may be necessary. *Guill.*

Rice, Clarence C.—*Treatment of Atrophic Rhinitis.* "New York Med. Journ.," Nov. 20, 1897.

THE writer insists on the great importance of general constitutional treatment embracing active out-of-door occupations with proper hygiene and diet. Cigarette smoking is considered an important factor in the causation. The author reviews the various topical remedies used from time to time, such as mercuric bichlorid (one in four thousand and one in two thousand), iodoform, iodol, aristol, and salicylic

acid. A good many of these drugs have been employed on the doubtful assumption of the disease being dependent in some way on micro-organisms. The line of treatment suggesting the use of destructive agents is strongly condemned by the author. He considers as most effective the various oily compounds, which act as lubricants, sedatives, and vehicles if necessary for more active drugs. For nasal irrigation the smallest possible quantity of fluid is recommended. Thorough removal of dried crusts is absolutely necessary, and this can usually be done by spraying plain oil into the nose. Protuberant masses of the middle turbinal are best removed with scissors. The author shows much preference for friction with some stimulating disinfectant, and uses such rather than argent nitras, to remove the grey granular surface of the mucous membrane. For the latter purpose he has used with success a method of treatment which he terms "polishing the mucous lining of the nose." This consists in rubbing the membrane with hard pledgets of cotton wool, soaked in weak solutions of bichloride, or of borolyptol, or of boroformalin, for about half a minute at a time. After such thorough washing and stimulation of the diseased surface, the next most important procedure is lubrication with oils. Powders should be employed only in cases where there is a tendency to subacute inflammatory attacks with watery discharges, and for this condition the writer speaks highly of a combination of seventy-five per cent. compound stearate of zinc with acid. boric and twenty-five per cent. compound stearate of zinc with alum. The powder should be discontinued on the cessation of the discharge. The prognosis in these latter cases need not be very discouraging.

Roestal.—Medical Society of Hamburg. "Münchener Med. Woch.," Mar. 18, 1898.

ROESTEL showed a case after operation for complete atresia of the naso-pharyngeal space, which had resulted from hereditary syphilis (*tarida*). The symptoms were rhinitis, tubal catarrh, otitis media, anosmia, nasal obstruction. After cocainizing, the adhesions between the palate and the posterior pharyngeal wall were separated by a metal bougie passed through the nose. Incision made through the mouth on the end of the bougie; through the opening a Nélaton was introduced. The occlusion was overcome and nasal respiration restored by a prosthesis fixed to the upper teeth, with a spiral spring on its posterior part in connection with the platinum tube introduced into the wound. This procedure, owing to its simplicity, can be recommended for similar cases. *Guild.*

Sanger (Magdeburg).—*On the Connection between Abnormal Width of the Nostrils and Disease of the Upper Respiratory Tract.* "Centralblatt für innere Medicin," 1898, No. 11. "Munchener Med. Woch.," Apr. 5th, 1898.

ABNORMAL width of the nasal fossa affords insufficient protection in breathing dry, cold, or dusty air. The frequency of this anomaly prompted the construction of an obturator, consisting of two plates and a U-shaped arch. The plates close the nostrils sufficient to allow of easy breathing with the mouth shut. From his experience the author considers the obturator sufficient to overcome the disadvantages of breathing through too large nostrils. *Guild.*

Scheppegrell, W.—*Case of Recurrent Headache, each Attack being relieved by the Discharges through the Right Nostril of a Fluid from the Cranial Cavity.* "Journ. Am. Med. Assoc.," Feb. 26, 1898.

As the quantity of fluid discharged each time was of small amount he concludes that it must have been a cyst at the base of the brain, connected with the lymphatic system. The accessory cavities were all explored, but were not affected.

Theisen, C. F.—*Tuberculosis of the Nose, with Report of a Case of Primary Tuberculosis.* "Albany Med. Annals," Mar., 1898.

THE patient, a man aged thirty-six, a strong healthy man, contracted a severe head cold following an attack of *la grippe*, and became conscious some time afterwards of left nasal obstruction, accompanied by considerable secretion. The patient's family history was good, and the patient had himself enjoyed good health. There was, however, a doubtful history of syphilis. On examination the inferior turbinal and septal mucous membrane of the left nostril was inflamed. A growth somewhat larger than a small cherry, with an irregular surface, was found attached to the cartilaginous septum, attached by a broad base, not freely movable and firm to the touch. The growth was removed by means of a cold wire snare, and its attachment destroyed by means of the galvano-cautery. Microscopically it was found to be a granulation growth containing numerous bacilli. The area of its attachment was thoroughly treated by means of applications of lactic acid (forty to eighty per cent. solution) and iodoform insufflations. Complete cure resulted. The author remarks upon the rarity of primary nasal tuberculosis and upon the value of microscopic examination of portions of tissue removed. He also makes some pertinent remarks upon the differential diagnosis between nasal syphilis and nasal tuberculosis.

1. Nasal syphilis is always accompanied by a very severe inflammatory condition of the surrounding mucous membrane, not so as a rule in tuberculosis.

2. The favourite location for specific lesions is the bony septum, and in tuberculosis the cartilaginous.

3. In syphilitic bone destruction there is almost always a very offensive foetor, rare in tuberculosis.

4. In ulcerative nasal syphilis, as a rule, there is headache or trigeminal neuralgia; usually this is absent in tuberculosis.

W. Milligan.

Tissier, Paul.—*Tumours of the Nose and Accessory Sinuses.* "Ann. des Mal. de l'Oreille," Jan., 1898.

IN this paper will be found a useful *résumé* of the Continental literature of the subject. Not much that is new is reported. In speaking of the benign fibro-angiomas of the septum and of the nasal sarcomata in general, the author maintains that the fibroma, fibro-sarcoma, and round-celled sarcoma are diverse modifications of the same pathological process.

Ernest Waggett.

Werthein (Breslau).—*On Complications after Intranasal Operation.* "Münchener Med. Woch.," April 12, 1898. "Zeitschrift für Ohrenheilk.," XXXII.

AFTER describing the natural protective mechanism of the nose, and examination of certain bactericidal properties of the nasal secretion, he reports two cases of complications after nasal operation: kidney infection after removal of the posterior end of the inferior turbinate, and lung infection after removal of nasal polypi.

Guild.

Wishart, D. J. Gilb.—*Nasal Obstruction arising from Septal Deformity.* "Dominion Med. Journ.," March, 1898.

A *RÉSUMÉ* of the various views regarding the etiology of this deformity is given, with a statement of the reflex effects which it produces. The different methods of treatment are mentioned. Preference is given to the use of the spokeshave. If this is ineffectual, the crucial incision, followed by the use of the splint, is advocated.

Price-Brown.