

NOSE AND NASAL-PHARYNX, &C.

Chappell, W. F.—*Semi-Fluid Preparations for Nasal Use.* “Arch. of Ophthal. and Otol.,” April, 1895.

THE spray basis recommended is from half a drachm to two drachms of unguentum zinci and oleum Ricini to one ounce of oleum hydrocarbon. In acute catarrh, tannic and boric acids, menthol and camphor are recommended. In hypertrophic rhinitis, with thick, yellow discharge, tannic acid, ten to fifteen grains to the ounce. With watery discharge, boric acid; with none, liquor plumbi subacetatis. In atrophic states, iodine (four grains) or a mercurial ointment is advised. These preparations are more easily borne than others, especially by children. When used to irrigate the nose, ten drops is sufficient for each nostril. *R. Lake.*

Gleitsmann, J. W.—*The Application of the Galvano-Cautery in the Nasal Passages.* “Arch. of Ophthal. and Otol.,” April, 1895.

THE author advocates the use of the galvano-cautery snare in preference to the cold snare. He uses for his loop a wire of platinum and iridium; five to ten per cent. of the latter. *R. Lake.*

Wright, J.—*A Consideration of the Vascular Mechanism of the Nasal Mucous Membrane, and its relations to certain Pathological Processes.* “Amer. Journ. Med. Sciences,” May, 1895.

THE mechanism of the vascular supply of the turbinates in sheep is described. The muscle-walled venous sinuses lie between the very muscular arteries and the periosteum, so that the increase in the lumen of the artery diminishes that of the vein and *vice versa*; this arrangement is also frequent in man. It is suggested that part of the function of the muscular tissue of the vein is to antagonize excessive contraction of the artery. The muscle fibres in the areolar tissue act like the tunica albuginea of the penis, in driving the blood out of the tissues when the radical veins are opened. In chronic rhinitis the veins are thickened by the growth of non-elastic fibrous tissue; in hypertrophic rhinitis there is not only a dilatation of their walls, but also a paresis. Atrophy has a primary elimination of the muscular element with encroachment on the vessels by this fibrous tissue, with subsequent absorption of part of the tissue.

The dry stage of acute coryza is due to the turgescence of the capillary network which surrounds the orifices of the glands, thus closing them. *R. Lake.*

Fink (Hamburg).—*The Importance of Coryza in Children.* “Bresgens Sammlung Zwangloser Abhandlungen,” Heft 2. Halle: Marhold. 1895.

A WELL-WRITTEN review on the symptoms and consequences of coryza in children, with special regard to current literature. *Michael.*

Thomallee (Hückeswagen).—*The Treatment of Coryza and Inflammatory Diseases of the Nose by Rhinalgin.* “Aerztzl. Rundschau,” 1895, No. 29.

THE author has prepared nasal suppositories of cacao butter, alumol, oleum valerianæ and menthol, and recommends this preparation for the treatment of coryza and other nasal diseases. *Michael.*

Treitel and Koppel (Berlin).—*On Rhinitis Fibrinosa.* “Archiv für Kinderheilk.,” Band 19, Heft 1 and 2.

DESCRIPTION of two cases. In both Loeffler's bacilli were found. *Michael.*

Rethi (Vienna).—*Unusual Fibroma of the Nasal Mucous Membran.* "Wiener Klin. Rundschau," 1895, No. 21.

SEE the report on the Wiener Laryngol. Gesellschaft., Meeting, Feb. 14, 1895.
Michael.

Knight, C. H.—*A Case of Fibroma of the Nasal Fossa.* "Arch. of Ophthal. and Otol.," April, 1895.

REPORT of a case of fibroma of posterior extremity of middle turbinate bone.
R. Lake.

Price, Brown.—*Recurrent Nasal Fibroma.* "Canadian Pract.," Aug., 1895.

REPORT of a case treated by electrolysis and galvano-cautery.
R. Lake.

Helferichs.—*Osteoma of the Nasal Cavity.* Greifswalder Mediziner Verein, Meeting, Feb. 2, 1895.

THE patient, fifty-two years old, remarked twelve years ago, a little prominence on the left internal orbital wall. As the tumour produced disagreeable symptoms the patient wished that it should be removed. Operation proved it to be an osteoma arising from the ethmoid bone. The wound was closed by a plastic frontal operation. Cure resulted.
Michael.

Wright, J.—*Mycosis of the Nose and Throat.* "New York Med. Journ.," July 6, 1895.

THE author quotes four illustrative cases, the last being one of affection of the nose and naso-pharynx. He considers the galvano-cautery of no avail, except in the tonsil, and thinks most cases end in spontaneous recovery.
R. Lake.

Delavan, D. Bryson.—*The Prognosis in Nasal Operations performed during Epidemics of La Grippe and Allied Conditions.* "New York Med. Journ.," June 8, 1895.

DURING epidemics of la grippe, surgically speaking, the nose should be left alone, as operative procedures usually cause a relapse, and the depression following them is usually marked. Again, the open wound invites infection, especially in those immediately surrounded by the epidemic. The condition of the patient gives rise to excessive reaction and to retarded convalescence. Again, nasal operations are not usually urgent. Hay fever, being a somewhat analogous affection, similar precautions should be observed.
R. Lake.

Freudenthal, W.—*The so-called Bleeding Polypus of the Nasal Septum.* "Arch. of Ophthal. and Otol.," July, 1895.

THE author reviews the literature of the subject, drawing attention to the rarity of angio-fibromata of the septum. He then relates his own case, which occurred in a woman, aged twenty-two. The tumour was situated over the locus Kiesselbachii, and gave rise to very severe hæmorrhage on its removal. The stump was also the seat of severe hæmorrhage, and required cautery. The growth was a fibro-angioma.
R. Lake.

Grunwald (Munich).—*Pseudo-Bulbar Paralysis—Sarcoma of the Corpus Ossis Cuneiformis.* "Münchener Med. Woch.," 1895, No. 22.

IN a patient with pseudo-bulbar symptoms no anomaly could be found in the nose. The *post-mortem* examination showed a sarcoma of the cuneiform bone, which had involved both nervi optici abducentes, trochleares facialis, and acusticus sinister. The ethmoid bone and the antrum of Highmore of the left side were also filled with tumour masses. Diagnosis *intra vitam* was impossible.
Michael.

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Richter, Ernst (Halle-a-S.).—*Die nicht perforirende eidernde Entzündung der Siebenhöhlen und ihre operative Behandlung.* (*The Non-Perforating Purulent Inflammation of the Frontal Sinus, and its Treatment*). Inaugural Dissertation. Leipsic, 1895.

GOOD review of the literature and the present position of the treatment of the disease. The author adds seven cases treated in Habermann's clinic in Graz. All cases have improved or been cured. *Michael.*

Gussenbauer (Vienna).—*Temporary Resection of the Nose for Entrance into the Frontal Sinus, the Ethmoid and Orbital Cavities.* "Wiener Klin. Woch.," 1895, No. 21.

THE author has in two cases removed malignant neoplasms of the ethmoidal region and extending round the circumference by temporary resection of the nose. Both patients have been cured. The details are of surgical interest. *Michael.*

Czerny (Heidelberg).—*Osteoplastic Opening of the Frontal Sinus.* "Langenbeck's Archiv," Band 50, Heft 3.

THE author recommends not to remove the anterior osseous wall of the frontal sinus, but merely to dislocate it, and to close with it the sinus after the cure of the empyema. He performed this operation twice with good result. *Michael.*

Hessler (Halle-a-S.).—*Operation for Adenoid Vegetations with the New Pharyngotome of Schutz.* "Münchener Med. Woch.," 1895, No. 24.

RECOMMENDATION of the instrument. *Michael.*

Fouchier, A. A.—*A Few Modifications in the Operating Process of Adenoid Tumours.* "Arch. of Ophthal. and Otol.," April, 1895.

A DESCRIPTION of a combined tongue depressor and mouth-gag, and a modified Higuet-Munger's curette, the handle of the latter being at a right angle to the shaft, and with a Gottstein's blade instead of a ring knife. *R. Lake.*

Hamilton, H. B.—*Some Interesting Conditions attending Post-Nasal Growths.* "Montreal Med. Journ.," Aug., 1895.

THE first was a case complicated with rhinitis, and giving rise to asthma, which was cured by treatment of the rhinitis and removal of the growths; the other a case of ethmoidal disease caused by a similar condition and relieved by treatment of the rhinitis. *R. Lake.*

NECK, THYROID, &c.

Notkin (Kiew).—*Contribution to the Physiology of the Thyroid Gland.* "Wiener Med. Woch.," 1895, Nos. 19 and 20.

THE author has produced a proteid from the thyroid gland which he calls thyrotoxin. By injection of this proteid into animals he produced all symptoms of cachexia strumipriva. He concludes from his experiments that the thyro-colloid is not a secretion of the thyroid gland, but a secretion of the whole body. The thyro-proteid is the poison which intoxicates the organism in cases of cachexia strumipriva. The function of the thyroid gland is the purification of the body from thyro-proteid. The gland removes it from the body along with its toxic power. It is probable that Basedow's disease will be successfully treated by application of thyro-proteid. *Michael.*