

larynx by false membrane. In confirmed croup it is necessary to add to the medication emetic treatment. Joal.

**GAUCHER.**—On a Method of Treatment of Diphtheritic Angina by Ablation of the False Membranes, and Antiseptic Cauterization of the Subjacent Mucous Membrane. *Archives de Laryngologie, December, 1887.*

ONE finds it everywhere stated that diphtheria is a generally infectious disease. There is much in favour of the view that it is a general disease at the onset. The author, who has been one of the distinguished *internes* of the Hôpital des Enfants, contests this latter view. Diphtheria is at first local, afterwards becoming generalized, but it is not a constitutional infection at the onset. Moreover, if the angina is the first condition of the disease, if it is the source of infection, it should be treated with the greatest energy, for in destroying the false membrane one removes the cause of the general infection which is to be expected. The author holds the opinion that a simple diphtheria exists without any constitutional infection, and that the place of local infection may be other than the pharynx, according as the infectious germ is implanted on the mouth, larynx, bronchi, or skin. Gaucher, by energetic friction, removes mechanically the false membranes by means of a brush saturated with the following solution :—

Oil, 15 gr.  
Alcohol (at 36°), 10 gr.  
Camphor, from 20 to 30 gr.  
Phenic acid, from 5 to 10 gr.

He employs the weakest solution in benign cases. The operation is repeated night and morning, and in the intervals of cauterization the throat is irrigated every two hours with phenic solution (1 in 100). The pretty severe pain produced by cauterization may be diminished by cocaine sprays, 2 to 3 per cent. Since 1879 the author has treated in this manner sixteen cases of severe diphtheritic angina, all of which have been cured. Joal.

**RUHEMANN.**—Case of Ataxia following Diphtheria in a Boy of Eight. *Berlin. Klin. Wochenschr.*, 1887, No. 49.

THE title explains the contents.

Michael.

## NOSE AND NASO-PHARYNX.

**JARVIS, W. CHAPMAN.**—Two Unique Cases of Congenital Occlusion of the Anterior Nares. *New York Medical Journal, November 12, 1887.*

A DESCRIPTION of two cases treated by the author's nasal drills and an electric motor. In the first case the left anterior naris remained patent after the first operation. A second was performed on the right nostril, with a considerable measure of success. In the second case there was a

congenital abnormality of the bones of the face, associated with marked malformation of portions of the anterior nasal framework, especially the inferior turbinated bones. A channel was made with the author's rongeur forceps, but this contracted in a very short space of time, and a second operation was declined.

Maxwell Ross.

**DELANVAN, BRYSON.**—On the *Ætiology of Deflections of the Nasal Septum.* *New York Medical Journal*, November 12, 1887.

IN discussing the influence of race, the writer says that in the course of studies made on many thousands of specimens in America and Europe he has found: (1) That among European races deflections of the septum are of common occurrence, 50 per cent. of all specimens showing a greater or less degree of deviation. (2) Of the different nationalities of Europe at the present day, the highest proportion of deformed septa is found among the Slavonic and Hebrew races. Thus, skulls of Russians, Bohemians, Poles, and Hungarians, are more apt to show deflected septa than those of the Germanic, Celtic, and Norman types. (3) In the anthropological collection of the Peabody Museum, at Cambridge, Mass., is a cabinet containing eighteen well-preserved specimens of skulls taken from ancient Roman tombs. Among these there is hardly a single instance in which the septum is straight, while in seven the degree of deflection is excessive, and far beyond that usually seen. Thus, the aquiline type of nose, as illustrated in the Slav, Hebrew, and ancient Roman, is particularly apt to be associated with deflection; but as a set-off to this the type found by the author to be freest from deformity of the septum is the American Indian, in whom the aquiline nose is characteristic.

Maxwell Ross.

**JALAQUIER AND RUAULT.**—Polypus of the Right Nasal Fossa, depending into the Nasal Pharynx; Cephalalgia, Neuralgic Pains, Excessive Nervous Irritability; Extirpation of the Tumour *per vias naturales.* Cure. *Archives de Laryngologie*, December, 1887.

THE title indicates the nature of the case.

Joal.

**CHATELLIER.**—Hypertrophy of the Nasal Mucous Membrane. *Soc. de Biologie*, January 31, 1888.

A HISTOLOGICAL examination was made in a case in which the nasal mucous membrane was thickened, its appearance mammilated and muriform, particularly at the posterior extremity of the inferior turbinated bodies. The tissue much resembled that of mucous polypi, and amongst the cellular elements were seen:—1. Migratory corpuscles. 2. Connected tissue corpuscles, some with single nucleus, others larger, star-shaped, and containing several nuclei. Between these cells numerous interlacing fibres occurred, disposed without order, and non-fasciculated, of the nature of which the author was not certain.

Joal.

**WOOLEN, G. V.**—A Rare Case of Hypertrophy and Polypus of the Naris. *Indiana Medical Journal*, 1887.

A TUMOUR, reaching half an inch below the margin of the right velum, was found. It proved to spring from the right inferior turbinated body,

C

and to be a true hypertrophy of the normal tissues. A large polypus also presented anteriorly in the middle meatus of the right side. The latter was removed first, and a third mass was removed from the posterior naris. The first-mentioned mass was afterwards removed with Hobby's curved canula écraseur. When this was removed, a large polypus attached to the right middle turbinated body dropped down. It was twisted off at the pedicle by dressing-forceps. The posterior portion of the right middle turbinated body was also enlarged and polypoid, and was removed with the snare. The author justly remarks that it was wonderful that so much material could be contained in the cavity of one naris. Very few and insignificant subjective symptoms existed, and no reflexes.

Wolfenden.

**CHEATHAM, W.—Nasal Reflexes as Cause of Diseases of the Eye.** *Amer. Pract. and News*, 1887.

A CASE of hypermetropia and presbyopia in a woman of forty-five, cured by removal of nasal polypi and reduction of engorged nasal membranes.

A second case, of myopic astigmatism corrected by glasses, in which the patient was unable to study by reason of pain in the eyes. Acute coryza, deflected septum, and engorged inferior turbinated body blocked the left side; the right side was also blocked by inferior turbinated engorgement. Reduction of these by galvano-cautery and chromic acid enabled the patient to return to his studies.

A third case, in which there was pain in the left eye, and both nares were filled with polypi, especially the left. Removal of these cured the condition.

The author frequently meets with conjunctivitis and keratitis which do not yield to treatment until existing nasal catarrh or eczema is relieved.

Cases of glaucoma relieved by stretching the nasal branch of the fifth nerve are thought by the author to be probably the result of chronic nasal disease. The author has had two cases of acute conjunctivitis the result of teething.

The author feels confident that many cases of asthenopia will be cured by treatment directed to the nose.

Wolfenden.

**CHEATHAM, W.—Hypertrophy of the Third (or Pharyngeal) Tonsil, with an interesting Case.** *American Practitioner and News*, 1887.

A CASE occurring in a young man of nineteen, who had never been able to respire through the nose, but who gained complete comfort after removal of the growths. The author remarks that children do not bear cocaine well, and because of hæmorrhage, which always attends the operation, general anæsthesia cannot be resorted to. All that we can do in these cases is to remove the tissue piecemeal by an operation once every two or three days. The author sometimes scrapes with the finger, or curette, or with the forceps. In the case related by the author the growths were torn away with the finger. [We do not agree with the author in his remarks as to the treatment of these growths in children. It is our

invariable custom, at the Throat Hospital in London, to put even young children under anæsthetics, and remove the growths at one operation. Young patients cannot be got to tolerate frequent operations, and it is only in intelligent young adults, from whom assistance may be obtained, that the use of curettes or instruments without anæsthesia is admissible. Though there is much hæmorrhage, there is less in the operation with the post-nasal forceps, under anæsthesia, than in scraping with the curette, with or without anæsthesia. The advantage of the post-nasal forceps and anæsthesia is that one operation suffices ; but this is rarely the case with the curette, or without anæsthesia.] Wolfenden.

**KILLIAN** (Worms).—**Contribution to Empyema of the Antrum of Highmore.** *Monatsschr. für Ohrenheilk.*, 1887, Nos. 10 and 11.

A GOOD review of the subject, containing nothing original. Michael.

---

## MOUTH, TONSILS, PHARYNX, &c.

---

**DAVID.**—**Apthous Stomatitis and its Origin.** *Archiv. Gen. de Médecine*, October, 1887.

FROM this excellent essay one may conclude :—1. That there is a striking analogy between a disease of human beings and a contagious disease of domestic animals. 2. That there are facts, some of which are very striking, to prove transmission from the bovine or ovine species to mankind by direct contact through milk. 3. That there are contagious diseases among cattle, and simultaneous epidemics, which progress in a parallel manner. 4. That there was at least one case of apthous fever in a goat infected by children suffering from apthous stomatitis. 5. A decisive instance, in which stomatitis developed three or four days after using the milk. 6. That apthous stomatitis of man and of animals are one and the same disease, transmitted to man by domestic animals, principally through the agency of milk. Joal.

**SCHLIFEROWITSCH.**—**On Tuberculosis of the Mouth.** *Deutsch. Zeitschr. für Chirurgie*, Bd. 26, Heft 5 and 6.

FROM his own observations, and from collection of the cases recently published, the author endeavours to prove that there is a primary tuberculous affection of the mouth, and that this must be treated surgically. After an historical discourse, he insists that a primary affection can easily arise from infection of the place. He then relates the following cases :—

(1.) Tubercular disease of the under lip combined with tuberculosis of the joints and of the lung. Syphilis was excluded by antisymphilitic treatment. Death. Post-mortem examination.

(2.) Tubercular ulcer of the tongue. Extirpation with the Paquelin cautery. Cure.