

He questions the theory of pressure vacuum in the tympanum as due to atmospheric absorption alone, considers Koerner's hypothesis as more probable, and likens the condition in the middle ear to that which occurs in the absorption of a pneumothorax. He believes that nasal obstructions *per se* do not cause aural disease, but that inflammatory (especially chronic inflammatory) conditions must also be present. He enumerates the causes of nasal insufficiency, and tries to place them in their proper relationship to aural disease. He believes that the idea of nasal insufficiency has been carried to unwarranted extremes by many operators, and urges that factors other than mechanical may cause the conditions which render the nasal and pharyngeal mucosa especially liable to inflammation.

Packard emphasises the necessity of a thorough examination of the naso-pharynx before treating any aural condition. He enumerates the pathological conditions in the naso-pharynx which may give rise to ear diseases, as (1) adenoids; (2) so-called catarrhal inflammations; (3) atrophic conditions of the mucous membrane; (4) tumours other than adenoids; (5) naso-pharyngeal adhesions. He concludes that (1) in every case of middle-ear disease an examination of the naso-pharynx should be made; (2) this examination should be by mirror and finger, both before and after cleansing of the naso-pharynx; (3) the existence of adhesions has been largely overlooked owing to difficulties of examination.

*Macleod Yearsley.*

## NOSE.

**Hoffmann, R.** (Dresden).—*On Rhinophyma*. "Zeitschrift für Laryngol.," vol. ii, Part IV.

This paper consists in the main of a somewhat detailed account of the literature bearing upon the disease, and the various suggestions which have been put forward as to its pathology, causation, and treatment. The interest of the author in the condition was aroused by a case which came under his care. The patient, a man, aged sixty-seven, had suffered from nasal catarrh for twenty years, and for a like period from gastrointestinal troubles. The rhinophyma had been noticed for about two years, and was of moderate degree, but caused sufficient disfigurement to make the patient very anxious to be rid of it. Alcoholic excess and constant exposure to the weather were the probable causes of the complaint, while some importance should perhaps be ascribed to the old-standing nasal catarrh. Of the various operative measures which have been advocated, the author selected subcutaneous excision as practised by Braun. He performed the operation under local anæsthesia, and was very well satisfied with the result, which remained good twelve months later.

*Thomas Guthrie.*

**Bernard, E.** (Lille).—*A Case of Vascular Tumour of the Inferior Turbinal; Rouge's Operation; Cure*. "Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," February 6, 1909.

A child, aged fourteen, had a growth the size of a nut projecting from the left nostril. Nasal obstruction had been noticed two years before, first affecting the left side only, and gradually becoming complete. At the time of examination the left nasal fossa was completely filled by the tumour, and the septum was pushed over to the right. On several occasions portions had been removed with a snare. Rouge's operation was performed, and the tumour, which was developed at the expense of

the inferior turbinal, removed. The hæmorrhage was very free, and caused some difficulty. The growth consisted of fibrous issue permeated by very large blood-vessels, and covered by stratified epithelium.

*Chichele Nourse.*

**Chavanne, F.**—*Tubercular Tumours of the Nasal Fossæ.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," August, 1909.

The author states that it has now become classical to divide the nasal tubercular manifestations into two classes: (1) Tuberculosis, properly so called, which appears in the form of tubercular ulceration and vegetating tuberculosis; (2) lupus, chronic tuberculosis, slightly virulent, running a slow course. The tuberculoma or vegetating variety is rare; out of 450 nasal growths examined Schoeffer only found 8 tuberculous, and up to the present the number recorded has not reached 70. The following case is quoted, illustrative of such growths: A woman, aged sixty, with previous tubercular history, had suffered from progressive nasal obstruction for a year and a half. There was excess of nasal mucous secretion. The voice was nasal in character. Slight intermittent epistaxis on the right side. Sometimes headache, but no pain in the nose or adjoining parts. Externally the aspect of the nose was normal. No trace of lupus or cicatrices either on nose or face. Anterior rhinoscopy. One observed a reddish tumour the size of a nut on the anterior inferior part of the quadrilateral cartilage, reaching over to the inferior turbinated body. Its surface, studded with little elevations, was elastic and bled slightly when touched with a probe. On the left side there was a tumour half the size of the former, somewhat pearly in appearance, occupying a similar position on the septum. It did not bleed either spontaneously or when probed. The nasal fossæ were otherwise normal, as were the oro-pharynx, nasopharynx, and larynx. The growths were removed by the galvanic snare, followed by curettage and cauterisation of their points of attachment. Histological examination showed the growths to be composed of large masses of epithelioid cells and giant-cells; many newly formed vessels. No caseation; no vascular obliteration; no bacilli. There was no recurrence of the growths, but the patient succumbed to pulmonary phthisis three years later.

The pathogeny and classification of these tumours and the various views held thereon by various writers are discussed at length.

The author arrives at the following conclusions:

(1) That two forms of *nasal* tuberculosis may be legitimately distinguished: (a) Miliary tuberculosis; (b) chronic tuberculosis, represented here by the special clinical type, which is lupus.

(2) Growths of the nasal fossæ described as tuberculous and lupoid correspond to one and the same lesion. Resembling the other forms of this affection, they are almost always primary. Like them, again, their appearance may be heralded by the existence of a pre-bacillary ozenatous rhinitis, a variety of atrophic rhinitis, which is occasionally the initial stage of lupus. A copious bibliography is appended.

*H. Clayton Fox.*