

N O S E.

Arslan (Padua).—*A Last Word on Purulent Rhinitis Caseosa.* “Bollettino,” Florence, April, 1899.

The author brings forward two fresh cases in support of the view that this condition is not a distinct disease, as stated by Cozzolino, Wagner, Duplay, etc., but is merely a symptom complicating the various suppurative affections of the nose and accessory cavities. In the first case the caseous masses resulted from empyemata of the maxillary antrum and crest of the septum. In the second, that of a child with adenoids, they formed round a glass bead, and the case was further complicated by the formation of an abscess of the septum anterior to the seat of the foreign body. Complete cure in both cases. Reviewing his previous cases, the author finds that this alteration of the purulent secretion occurs equally in men and women, and that of seven observations made by him it affected the left side five times. It was due to empyema of the antrum in five out of seven, and in these the empyema was preceded by dental caries of the affected side. *James Donelan.*

Foster, Hal.—*Report of a Case of Congenital Nasal Atresia.* “The Laryngoscope,” May, 1899.

In this case the patient, a boy aged eight years, had suffered from unilateral nasal atresia since birth. A white fibrous membrane stretching between the septum and the lateral nasal wall was found. The membrane was divided by means of a surgical drill, and destroyed by a galvano-cautery point. A small Asch's nasal splint was inserted, and retained in position by means of adhesive plaster, antiseptic washes being used to keep the parts cleansed. *W. Milligan.*

Grant, Dundas.—*Nasal Insufficiency due to Exaggerated Prominence of the Anterior Arch of the Cervical Vertebrae.* “The Laryngoscope,” May, 1899.

The author calls attention to the presence of enlarged cervical vertebrae as an occasional factor in the production of nasal insufficiency, and relates the notes of an interesting case in a young lady aged fourteen. In the particular case cited post-nasal adenoids were also present, which were readily enough removed by means of a pair of Quinlan's forceps, supplemented by the use of Golding-Bird's post-nasal curette. In the removal of post-nasal adenoids the author recommends that the application of any instrument should be accompanied or immediately preceded by a digital exploration of the region. In this way only can an accurate knowledge of the topography of the part be ascertained.

W. Milligan.

Hamm (Braunschweig).—*Treatment of Ozæna with Citric Acid.* “Münchener Medicinische Wochenschrift,” No. 15, 1899.

He uses a mixture of citric acid and sugar of milk in equal parts, which is blown into the nostrils thrice daily. He asserts that it totally overcomes the ozænic factor, even although there are crusts present. He uses douches for the sake of cleanliness. The factor disappears for several days, even although no more citric acid has been used. With its continued use the secretion gradually diminishes; he has observed absence of fœtor for several months, but never an absolute cure. *Guild.*

Kicer.—*Latent Empyema of the Accessory Cavities of the Nose.* "The Laryngoscope," February, 1899.

The author gives the results of the post-mortem examination of the accessory cavities of the nose (without taking into account the cause of death) in 195 subjects between ten and eighty years of age. In 88 cases the accessory cavities were found diseased, thus: Maxillary sinus in 39 cases, 9 of these bilateral; sphenoidal sinus in 29 cases, 17 bilateral; ethmoidal cells in 7 cases, 1 bilateral; frontal sinus in 13 cases.

In eleven post-mortems all the cavities contained a non-purulent secretion.

Anatomical variations: In 5 cases the frontal sinuses, both right and left, were absent; in 2 cases the right, and in 5 cases the left, sinus was wanting. The author gives other anatomical variations. Between the ages of twenty and eighty, and in the measurements of the sinuses of 70 males and 65 females the following averages of the frontal sinus were recorded:

			Height.	Width.	Depth.
Males	...	...	2.5 cm.	2.4 cm.	2.0 cm.
Females	...	...	2.1 cm.	2.0 cm.	1.6 cm.

In the same series no essential difference was noted in the size of the sphenoidal cells in male or female. The average sphenoidal sinus measured 2 centimetres in length and 1.5 centimetre in breadth. The sphenoidal cells on both sides were absent in 7 cases (all over twenty-five years of age). Other anatomical points are noted.

Empyema of maxillary sinus was due to dental causes in 65 per cent., and to nasal causes in 35 per cent., of the cases. In 40 cases 52 per cent. were cured.

The probe was used in 100 cadavers. In 70 per cent. the maxillary sinus was probed through the ostium maxillare. In 50 per cent. of these the distance from the ostium to the lower free border of the septum nasi was from 5 to 5.4 centimetres.

The sphenoidal sinus was probed successfully in 78 per cent.

In 60 per cent. the distance from the ostium sphenoidale to the lower free border of the septum nasi was 7 to 7.7 centimetres.

The frontal sinus was probed successfully in about 48 per cent., and the distance from the base of the sinus to the lower free border of the septum was in 60 per cent. 6 to 6.7 centimetres. Puncture of the frontal sinus from the cavum nasi by the various advocated methods was tried, and proved to be a decidedly risky procedure: in several instances the probe penetrated the lamina cribrosa without the operator's knowledge.

R. M. Fenn.

Lederman.—*A Simple Method of preparing a Serviceable Solution of the Suprarenal Gland for Nasal or Laryngeal Application.* The "Laryngoscope," April, 1899.

Watery solutions of desiccated suprarenal gland putrify rapidly; added antiseptics interfere with the hæmostatic properties, according to the author's experience in recent researches. The author puts 10 grains of the gland (Armour's) in a drachm of 25 per cent. glycerine watery solution. A half-ounce of this mixture is well shaken in a wide-mouthed bottle and allowed to stand forty-eight or fifty-two hours, meanwhile being shaken at intervals. It is then filtered. The solution has a slight amber colour.

In nasal operations the author applies it before and immediately

after cocaine. Reaction occurs in some instances, and it is always judicious to employ a nasal plug for twenty-four hours. The author uses a tampon of spunk dipped into nosophen-powder, and details the advantages of this form of plug.

R. M. Fenn.

Lockard.—*Case of Hay-Asthma; Turbinectomy followed by Immediate and Complete Relief.* "The Laryngoscope," November, 1898.

J. F., forty-seven years old, had increasingly severe attacks of hay-fever for six years; the last half of this period asthmatic symptoms predominated. Both inferior turbinateds, especially the right, which resembled a mucous polyp, were œdematous. The removal of the anterior end of the right inferior turbinate with the cold snare was followed by immediate and complete relief for at any rate the three weeks previous to publication.

R. M. Fenn.

Payne, Redmond.—*Asthma of Nasal Origin, and its Radical Cure.* "Pacific Med. Journal," May, 1899.

The author's experience has confirmed his belief that the most frequent exciting cause of asthma is to be found in some pathological condition of the nasal mucosa. The contention of the paper is, therefore, that great care should be taken, in all cases of asthma, in investigating the condition of the nasal mucosa, special mention being made of the presence of infiltrated tufts upon either side of the vomer, as in asthmatic cases they are excessively hyperæsthetic and should always be removed.

W. Milligan.

Rischawy, Benjamin.—*Chronic Disease of the Lachrymal Duct due to Nasal Affections.* "Wiener Klinische Wochenschrift," No. 11, 1899.

One of the chief causes of stenosis of the lachrymal duct is swelling of its mucous membrane; but apart from this certain nasal conditions may cause obstruction. These must be removed before treatment can be effectually applied to the duct. The exit of the duct may be obstructed by hypertrophy of the inferior turbinate or by polypoid degeneration of its mucous membrane. It is less evident at first sight that swelling of the middle turbinate or polypi in the middle meatus may also cause obstruction. The nasal duct is shut off from the middle meatus by a lamella of bone, which is formed beneath by the lachrymal process of the turbinate, above by the anterior middle part of the lachrymal bone. The latter is covered at the level of the agger nasalis by the pars tecta of the processus uncinatus. In many cases the bony boundary is interrupted by separation at the sutures and other points; or the bony wall may be so thin that it does not withstand the pressure of a swollen middle turbinate. In many cases the middle turbinate is atrophic and pressed medially against the septum, and an enlarged bulla ethmoidalis projects into the middle meatus; in these circumstances the bulla can press against the wall of the duct, and as a cause of the existing lachrymal duct disease assumes the rôle of an enlarged middle turbinate. He describes a number of cases which show the importance in these conditions of a careful rhinological examination, and the benefits to be derived from appropriate nasal treatment.

Guild.

Saenger, M.—*Subjective Dyspnœa from Dryness of the Mucous Membrane of the Nose, Pharynx, and Larynx.* "Zeitschrift für Krankenpflege," January, 1899.

The author directs attention to the fact that respiration is associated with an impression of cold in the upper respiratory passages, and that this has considerable importance for the movements of breathing. Within reasonable limits, the colder the air the more comfortably do we breathe. He has relieved attacks of asthma by applications of menthol-oil to the larynx. Following up this idea, he has found that tightness and dyspnœa, associated with dryness of the nasal and pharyngeal mucous membrane, are most effectually relieved by some preparation such as glycerine, which produces an artificial moisture over the mucous membrane, soothing it, reducing the irritation, and correcting the perverse sensory condition. In practice he has satisfied himself that the following formula gives the best results :

Iodine	...	...	...	2½	per cent.
Iodide of sodium	...	...	...	2½	"
Glycerine	...	..	...	51.	

Of this, 20 to 40 drops added to a wineglassful of water are sprayed into the nostrils twice daily. *Guild.*

Seifert.—*Diagnosis and Treatment of Disease in the Nasal Accessory Sinuses.* "Münchener Medicinische Wochenschrift," No. 21, 1899.

He uses for diagnosis, after the nose has been carefully cleaned and cocainized, aspiration with a Politzer's bag while the patient swallows. The rarefaction of air produced causes the secretion to flow into the nasal cavity. One can then make out whether there is secretion present, and from which sinus it comes. In this way the secretion can be very thoroughly removed, as was shown in seven cases of acute empyema of the frontal sinus and four of the antrum of Highmore of nasal origin. *Guild.*

Seiler, Carl.—*Epistaxis: Its Cause and Treatment.* "Med. Record," May 27, 1899.

The author tabulates the causes of epistaxis as follows :

1. *Acute traumatic.*
2. *Chronic traumatic.*
3. *General symptomatic.*
4. *Local symptomatic.*

In the way of treatment nothing specially new is mentioned, but a warning is given against employing cotton-wool soaked in any strong astringent or such a hæmostatic as iron as a plug, because the fibres become too closely adherent, and tear open the newly-formed tissue when removed. *W. Milligan.*

StClair Thomson.—*Nasal Hydrorrhœa.* "The Laryngoscope." November, 1898.

A critical examination of Bosworth's eighteen cases of nasal hydrorrhœa (in his "Diseases of the Nose and Throat") forced the author to conclude that six of them were instances of other morbid affections, and that nine were dependent on conditions not connected with the nasal mucosa. This leaves three cases justly associated under this title. The author is led to this conclusion by his studies

connected with a case shown before the Laryngological Society of London, where in an otherwise healthy subject cerebro-spinal fluid, with rare intermissions, escaped day and night from one side of the nose. He refers to seven other undoubtedly, and twelve probably, identical cases.

In his original paper the author deals at length with the chemical and clinical differentiation between cerebro-spinal and intranasal secretion, and with the question of the possible origin of the secretion in the accessory sinuses. We may preserve the term "nasal hydrorrhœa" if we mean an affection in which the nasal mucosa secretes a profuse watery discharge, not dependent on intranasal or neighbouring sources of irritation.

It affects adults indifferently as to sex; it is usually bilateral, though not necessarily equal on both sides.

When cerebro-spinal fluid is suspected, it is important to avoid any local interference for fear of infection. In true nasal hydrorrhœa, as above defined, treat as in hay-fever. A plea is entered for moderation in cauterization. Careful general treatment, hygienic, dietetic, climatic, with possibly a visit to a suitable spot, will generally secure satisfactory results.

R. M. Fenn.

Unna (Aerztlicher Verein in Hamburg).—*Radical Treatment of Lupus*. "Münchener Medicinische Wochenschrift," No. 9, 1899.

Unna reviewed the treatment of lupus from a dermatological point of view. Preference must be given to that caustic which has the most delicate reaction on lupus tissue, and that is salicylic acid. The creasote-salicylic acid mixture introduced by him in 1886 has been generally approved of. In a therapeutic sense, greater progress was made by distinguishing between lupus tissue and tubercle bacilli by means of tuberculin. He does not regard salicylic acid as a germicide in comparison to corrosive sublimate, chloride of zinc, or chloride of antimony. He uses acid. salicyl., liq. antimon. chlor., $\text{āā} 2$; Creasot., extr. cannab. indic. $\text{āā} 4$; adipis lanæ, 8. The salicylic acid is a selective agent, chloride of antimony kills the bacilli, creasote and extract of cannabis indicæ are anæsthetic. This is sufficient to cure many cases of superficial or recent lupus. Of caustic applications he prefers caustic potash, calcaris ustæ, sapon. viridis, aquæ, āā . In diffuse and deep spreading lupus it is necessary to seek out and destroy independent centres containing bacilli; this is done by means of the diascop. After the superficial lupus tissue has been destroyed, he carries out a deep cauterization with fine pieces of wood dipped in the caustic medium. For this purpose he has used corrosive sublimate for two years instead of chloride of antimony. Both methods are required for all old and diffuse forms of lupus. He does not use the sharp spoon in lupus of the nose, ear, or mouth. Treatment by light and Roöntgen rays is advantageous when combined with the spicules of wood dipped in caustic.

Guill.

Wright.—*Remarks on the Etiology of Nasal Polypi*. "The Laryngoscope," April, 1899.

A female, aged sixteen, had noticed left nasal obstruction six months. A large polypoid mass filled the naso-pharynx and the left nostril. After various attempts the growth was removed. It was as large, in its reduced state, after the rupture of cysts, as a walnut; its surface lobulated, each lobule being a cyst. It sprang from the convex surface of the inferior turbinated. For nearly a year recurrent

œdematous polyps appeared at, and were removed from, the site of the pedicle.

Microscopical examination revealed dilated meshes of connective tissue filled with coagulated fibrin with no glands, and for bloodvessels only a very few capillaries, and with a surface of columnar epithelium. Irregular cyst cavities were formed by breaking down of the stroma.

The following peculiarities are noted: The site is not usual for œdematous polyps; the age (shortly after puberty); the rapid recurrence after removal; the scantiness of fibrous tissue leading to the formation of cysts.

Woakes' theory, that inflammation of the spongy bones leads to the formation of œdematous polypi, is discussed. Obstructed venous circulation, due to inflammatory deposits, does not fully account for polyp formation.

Often in hay fever the nasal obstruction due to polypi has begun several seasons after the other symptoms, but the author believes that the hay fever and polypi do not cause one another, but that both are due to a common cause in the vaso-motor nerves. Vascular dilatation is a stage of inflammation, and transudation of serum accompanies this process. Moreover, dilating arteries will compress less resistant veins, and hence obstruct venous return.

The author concludes that œdematous infiltration of the nasal mucosa, either sessile or polypoid, may result from (1) mechanical obstruction to venous return by the products of inflammation in the mucosa or in the underlying bone; or (2) the vaso-motor phenomena accompanying chronic inflammation; or (3) the vaso-motor phenomena present in neuroses, which may give rise to hay-fever and bronchial asthma.

He believes that the polyp described was due to a sharply-localized vaso-motor disturbance, which led to rapid effusion of serum.

R. M. Fenn.

LARYNX.

Baker, A. F.—*Bilateral Paralysis of the Posterior Urico-Arytenoid Muscles of the Larynx, with Report of a Case.* "The Laryngoscope," November, 1898.

Patient, aged forty-two, suffering from well-marked locomotor ataxy (but with no specific history), for one year had been troubled with repeated attacks of dyspnœa, usually sudden in onset after sneezing, coughing, laughing, hiccough, and shouting. Attacks, at first occasional and slight, had become frequent and severe, the dyspnœa being always inspiratory and the eyes becoming fixed, the lips and face purple. Attempts made by fellow-workmen to restore him to consciousness by artificial respiration succeeded, and within half an hour he could resume work. Speaking and singing voice not affected. Vocal cords found to be only slightly separated on inspiration.

Tracheotomy under cocaine anæsthesia was followed by rapid recovery and return to work. He keeps a cork in the tube, and removes it when a suffocative attack begins, and replaces it when over. This he can do at night without awaking. Metal tubes proving unsatisfactory, he uses a soft rubber tube.