

Abstracts.

NOSE AND NASO-PHARYNX.

Barth, Ernest.—*The Present Position of the Pathology and Treatment of Ozæna.* "Fortschritte der Medicin," No. 33, November 22.

The author, in an interesting and lengthy article, points out the unsatisfactory state of our knowledge regarding the pathology and treatment of this disease, but discusses each known theory, and gives his own conclusions.

He agrees with most observers that the disease is more common in females than males, but holds that neither occupation nor environment play any part, although heredity does.

The opinions of Cholewa and Cordes that the mucous membrane is affected secondarily to changes in the bone, and that of Tissier and Grünwald—namely, that ozæna is a symptom of pus formation in the accessory cavities—are mentioned; but he points out that accessory cavity disease is usually found in adults, ozæna in youth, and in the latter condition the patient is not aware of the characteristic odour, whereas in the former the opposite holds good.

Syphilis is a supposed cause, but the progress of the two diseases is different, and antisyphilitic treatment has no effect on ozæna.

Brieger and Bosworth believe ozæna to be the result of purulent rhinitis; but in the latter case the formation of polypi and nasal obstruction takes place. Chauveau believes it to be a neuropathic degeneration, but this is more likely to be the result than the cause. Strübing injected ozæna secretion into the healthy nasal mucous membrane of a person dying from phthisis pulmonalis, and after death characteristic crusts and the *Bacillus mucosus* were found; but there was no atrophy of the mucous membrane, and several observers—E. Fränkel, Hajek, etc.—have proved that the presence of the *Bacillus mucosus* is accidental, and has no ætiological significance. Zaufal declares that the cause of ozæna is a rudimentary development of the inferior turbinate; as a result there is a loss in normal secretion, and a lessening of its bactericidal power. This theory is supported by certain anthropological facts. The noses of cultivated people are usually well formed and narrow; those of negroes and European children wide and flat. In the latter case the type changes towards adult age, unless in ozæna, where we have an arrest of development.

The author holds that no single theory answers in all cases, but believes that the alteration in the nasal secretion plays the most important part, although Pasmanik states that atrophy proceeds the crust formation.

Treatment.—The first indication is the cleansing of the nose, and here the author warns against the use of the nasal douche, on account of the danger of infecting the middle ear; he prefers a post-pharyngeal syringe (Schwartz's).

He recommends weak solutions of soda bicarbonate, permanganate of potash, or boiled normal salt solution. The use of a Gottstein tampon made with cotton-wool, medicated or otherwise, and allowed

to stay *in situ* for twenty-four hours, is recommended; this acts as a mechanical cleanser, and can be used at home by the patient. He also recommends the use of a spray for cleansing purposes, consisting of borax 1, distilled water 17, glycerine 3. He claims that these measures, if thoroughly and long enough carried out, bring the progress of the disease to a standstill. To stimulate the regeneration of the mucous membrane he recommends massage.

Inserting foreign bodies, the use of diphtheritic serum, thyroid gland substance, and electrolysis have all been tried, but with temporary benefit.

He quotes Dreyfus, who speaks highly of soda sulphate of phenol (Merck), diluted with 2 to 3 parts of water, and painted over the diseased mucous membrane. Dreyfus claims that this, after a few applications, entirely removes the fœtor.

For laryngeal ozæna the author recommends boiled salt solution, used as an inhalation or injected in small quantities; this causes the crusts to be easily coughed up.

Anthony McCall.

LARYNX AND TRACHEA.

Béco, L.—*Diffuse Papillomata of Larynx and Trachea in a Child.*
"Revue Hebdom. de Laryng.," etc., October 19, 1901.

A boy, four and a half years old, was brought to hospital in March, 1899, on account of difficulty of breathing, of hoarseness, of coughing, and of snoring. He had the ordinary appearance of a child with adenoids, but the respiratory difficulty was greater than usual. The first examination was very incomplete, neither larynx nor naso-pharynx being examined. Four months later the naso-pharynx was examined and adenoids found. These and the enlarged tonsils were operated on, whereupon nasal respiration was established, but difficulty in breathing persisted, with supra- and infra-sternal retraction. A few days later the author succeeded in getting a view of the larynx, and found several papillomata in the arytenoid region. The child was then sent to the country, where he had whooping-cough and measles. After four months (November, 1899) the breathing had become so bad, with attacks of suffocation, that a low tracheotomy was performed. The tube was worn eight months, the larynx appearing to become more and more obstructed with papillomata. Thyrotomy was then done (July, 1900). The larynx was found packed with growths arising principally from the ventricular bands and the ventricles. These were thoroughly removed by cutting-forceps, scissors, bistoury, and galvano-cautery. Fifteen days later the tracheal cannula was removed without any trouble. Voice good and strong, but a little rough.

After another four months (November, 1900) the breathing was again bad, with attacks of suffocation. The larynx and trachea were again opened, the two wounds being made continuous, and extended as far down the trachea as possible. Fewer masses were found in the larynx than at the first operation, but growths, some of which were large, extended from the larynx down the trachea as far as it could be explored. These were all removed with galvano-cautery alone, so as to avoid bleeding. (This was carried out in two operations, the first having been interrupted and unduly prolonged by an attack of asphyxia caused by two large tracheal growths.) Recovery was